1	(UNEDITED ROUGH DRAFT)
2	
3	November 15, 2005
4	Conference
5	Day two
6	MS. SIMMONS: Good morning, folks.
7	Feel free to still get some breakfast
8	out there. We are going to be starting in
9	about five minutes. I know the agenda says
10	8:00, but some people were looking at
11	yesterday and thought it was 8:30, so we are
12	going to split the time.
13	good morning everyone. For those of
14	you who weren't here yesterday, I think
15	everybody that was here yesterday, I'm
16	Suzanne Simmons and we are starting off the
17	morning a little late. We were scheduled to
18	start at 8:00, but I know we started at 8:30
19	yesterday so there was probably some
20	confusion. And our first speaker Jon Barton
21	has been kind enough to say that he will
22	start his presentation at people are still
23	coming in the room.
24	So, I thank Jon for doing that and I
25	would like to introduce the Reverend Jon

1	Barton, he is the general minister with the
2	Virginia Council of Churches, president of
3	Virginia VOAD and also one of the founding
4	elements of Virginia VOAD.
5	Jon is I don't know what I don't
6	know how to sum this up, but I don't know
7	what we as the State of Virginia would do
8	without Jon in our state E O C emergency
9	operation centers during disasters and what
10	we would do without the Virginia VOAD
11	following disasters and during disasters and
12	in your long term recovery they are
13	invaluable, they are the work horse of the
14	state and we rely on them every strongly she
15	we are hit by catastrophic incidents. So I
16	have had the pleasure of knowing Jon for just
17	a few short years, about a year and a half,
18	may be two years, and working with him, but
19	he has at least he worked with church
20	world services for 17 years and worked in the
21	field with disasters starting in 1979, I
22	think he said his first visit with to a
23	refugee camp in Guatemala. So he brings a
24	wealth of experience to the table and I would
25	like to welcome him.

1	MR. JON BARTON: Good morning.
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3	(Applause)
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5	MR. JON BARTON: How many folks know
6	what a VOAD actually is?
7	How many don't know what the acronym is
8	all about?
9	Well, let me just start there a little
10	bit VOAD stands for voluntary organizations
11	active in disaster. And you are probably
12	part of a VOAD but you don't realize it
13	because it's all of the folks really that
14	have a role to play either in disaster
15	preparation, first sponsor recovery that
16	makeup the VOAD. So it's the Red Cross, it's
17	the Humane Society, it's all of the various
18	church and faith groups, it's the JCs and the
19	rotary clubs and any group that has disaster
20	as part of its ongoing mission is part of the
21	VOAD.
22	And we discovered back in the late
23	1980s, early 1990s, that the Virginia Council
24	of Churches, where I now serve, that my
25	predecessor in doing some digging in the

state disaster plan discovered that the
council of churches was responsible for
organizing all of the churches in the state
in the event of a disaster.

After a few more gray hairs and wondering how in the world he would ever pull that off we began to have various discussions with various groups that eventually led shortly after the tornados in Petersburg to the creation of Virginia VOAD and that was done in around 1992.

When have been working every since very closely with the department of emergency management and the emergency operations center to fill in the gaps where voluntary agencies can work the strong express work the best.

One of the things that's true in any kind of disaster or event is if government or first responders or others are not moving quickly enough as perceived by some, or the system has broken down, there are going to be volunteers that are going to fill the void. And those volunteers may be a big help or they may get in the way.

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One of the major purposes of VOAD is to help to steer volunteers in the way that is constructive and helpful that helps to meet the needs of everyone in Virginia and not get in the way and create a second or third disaster by complicating things because they really don't know what we are doing there or why they are there, they just feel like they need to be there.

Part of I think why Suzanne asked me to share with you a little bit was some of the international experience that I have had, the event that she referred to as an earthquake in GA UT U M A LA. Actually the earthquake had taken place three years before I was there and I was in a squatters settlement of about 20,000 persons that had been displaced by the earthquake three years earlier and they were still in paper shacks, no plumbing, no school, just poverty and we were looking to see what we could do with church world service and other voluntary groups to improve conditions in that area and to try and get people back to a little bit more healthier quality of life.

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1	And earlier this year, well 2005 really
2	is the year of catastrophic events, it has
3	been one event after another beginning in
4	December 26th, 2004, with the Tsunami that
5	came across the Indian ocean and the
6	Southeastern Asia region. That was followed.
7	That was followed by a series of event, mud
8	slides in Latin America, earthquake in
9	Indonesia. You had Katrina, receipt a you
10	have had recently earthquakes in Pakistan and
11	you had a Tsunami alert just last night in
12	Japan.
13	Now, I say that because that means that
14	across our world we have seen almost a half a
15	million lives loss in disasters this year.
16	It also means that there are millions
17	of people who have been displaced because of
18	these events that have taken place and
19	probably tens of thousands who will be
20	displaced for the rest of their lives.
21	That's the nature of a catastrophic
22	event. And I've got a couple of slides that
23	I want to share with you. If I can figure
24	out how to do this.
25	Okay. This is a little bit of a review

1	between the Tsunami and Katrina. Now,
2	there's a basic difference between a Tsunami
3	and a hurricane, but their impacts can be
4	very similar. A Tsunami comes literally
5	without a whole lot of warning, it's kind of
6	lick a torn aid know that respect. It's a
7	giant waive that.
8	Wave that moves across the ocean and
9	anything in its way. There's no wind
10	associated with it, there's no real advance
11	warning except the elements move to high
12	ground and the water goes out so that you can
13	collect all of these neat shells.
14	But it's a devastating wave that comes
15	through that brings that tidal surge. In a
16	hurricane, particularly the ones of magnitude
17	that we have seen this fall, this season, you
18	get the same thing, but you get it that takes
19	a longer period of time for the storm, you
20	get the high winds, you get the rain, and you

Some of these shots you probably have seen some of them. Others you won't. But

get that activity, but you do get a little

bit of warning that the storm is coming and

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you can begin to prepare a little bit.

1	even 100 days after an event like the Tsunami
2	you can walk along the beach and you can
3	realize that this is about people. Any
4	catastrophic event is about people. And
5	people who have found their way through it,
6	are struggling to try and rebuild their lives
7	or put their lives together, find everything
8	that they have lost, and many who never will.
9	Just to give you a little bit more of
10	the statistics in the Tsunami, this
11	catastrophic event, which really was unique
12	for over 2,000 years in that part of the
13	world, as I mentioned, it took place
14	December 26th, 2004, caused by a movement of
15	two plates 4,000 fathoms under the surface of
16	the sea registering 9,000 richter on and
17	raised to nearly 500 miles an hour to
18	devastate 3,000 miles of unprotected shore
19	line saturation media coverage made it
20	unnecessary to dwell here on the carnage that
21	has already caused over 300,000 deaths.
22	250,000 of them were in Indonesia alone and
23	the article guess on actually to talk about
24	why. But she when you look at the Tsunami
25	and what it did it took over 300,000 lives

1	and it did that in a manner of 20 minutes.
2	Whole lives, whole villages just washed away
3	in the matter of 20 minutes.
4	It's very hard to fathom that kind of
5	an event. But 2 looks lick a war zone even
6	100 days after. 11 countries were hit in
7	that event.
8	10 cities, something our own officials
9	said here Americans don't live in tents.
10	So, we don't do that, not since Andrew
11	anyway. But look at the size of this event.
12	If you notice down in the left-hand corner,
13	can you see, that is a Minivan next to the
14	house. That's the power of that wave to lift
15	up that boat, move it inland and park it on
16	top of the house.
17	And it's still there 100 days after
18	that wave.
19	You never know when to call for
20	evacuation or to stay. You never know what
21	the decision is as an official, whether or
22	not you are calling it prematurely, whether
23	or not you have covered all of your bases and
24	as an individual ultimately whether or not
25	you want to stay behind and try and guard

1	what possessions you might have.
2	And protect those and ride it out,
3	maybe you think you can, you never know
4	really what to do.
5	But the aftermath, you can see, the
6	damage destruction that these storms can
7	take. This is actually down in Mississippi
8	When you look at Katrina did in some of these
9	pictures are probably not going to be new to
10	you.
11	Tremendous displacement, tremendous
12	power in these storms, in these events.
13	And people, lots and lots of people.
14	Keep in mind that this event was something
15	that officials new was coming, they had an
16	idea what the worst case scenarios were, they
17	had a idea they were hoping for. They new
18	sort what have to expect. They ordered an
19	evacuation and most people adhered to the
20	evacuation orders. That is, most people that
21	were able to respond to the evacuation order.
22	One of the things that we as planners
23	when we are dealing with an evacuation, you
24	need to take into consideration that you
25	can't just tell people to evacuate and assume

1	that you've done your job. Because
2	particularly what we learned in New Orleans
3	is that many people is that leave east were
4	broken in the second event. The hurricane
5	was the first, the second was the levies
6	breaking is that many people were unable to
7	evacuate. They didn't have the resources,
8	they didn't have the automobile, the vehicle.
9	Basically they were too poor or they had
10	certain disabilities that prevented them from
11	just picking up and getting on the road and
12	heading out of town.
13	And there was no planning for these
14	folks. They were left entirely on their own.
15	And so when the storm hit, and they turned up
16	at the super dome and the convention center
17	as a shelter of last results which means that
18	all that shelter was supposed to be there is
19	for the duration of the storm & then are you
20	supposed to pull out. Well, of course, when
21	the city went under water after the storm.
22	It became a little bit longer. A little bit
23	more of a problem.
24	But when you look at the shelters and
25	the conditions that people were in and the

1 extended period of time you can begin to see 2. the trauma that begins to build and the 3 frustration, the anger, the fear that's in that crowd. All of these things are things 4 you need to be prepared for and planning for. 5 And if you are not having done that, 6 then you wind up with something like this 7 8 scene, where you are trying to find buses and get people into buses and you are finding 9 that you are putting some members of families 10 11 in one bus and other members of family in 12 another bus and the minute they get out of town they are taking two different forks in 13 14 the road and they are going to two different 15 states and you are separating families. 16 And you are doing in a well meaning 17 fashion and way, but you are not being able 18 to respond to all of the need because everything has collapsed around you. 19 Communication, transportation, all of your 2.0 facilities, all of your sanitation, all your 21 utilities, all gone and you have got to deal 22 23 with tens of thousands of people at the same 2.4 time. 25 That just gives you the scope of the

	1	where the impact was in Louisiana alone. You
	2	could take that across Alabama and
	3	Mississippi as well about almost in the same
	4	line to see the areas that were directly
	5	impact. Baton Rouge became the largest city
	6	in Louisiana within 48 hours. Everybody
	7	moved out of the southern part, out of New
	8	Orleans up to Baton Rouge is and still is in
	9	probably will remain the largest city in
	10	Louisiana.
	11	Again, you can kind of see the power of
	12	these storms to be able to move incredible
	13	things.
	14	I'm going back now to Sri-Lanka to a
	15	very special place that I spent some time
	16	with. This is a home for differently ability
	17	persons. Who were caught in the wave.
	18	These differently ability folks are
	19	excuse me let me go back here.
	20	Differently abled folks let me get
	21	through this slide and I will go back to the
	22	other slide they are out of order a little
	23	bit.
	24	The one majoring that saved lives
	25	across Southeast Asia and particularly in
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1	Sri-Lanka was the ability to get water out as
2	quickly as possible.
3	Now, if you have been working with some
4	of the events here in Virginia, you know how
5	popular water and ice seems to be in the
6	aftermath.
7	But what, drinkable water is something
8	that for cleaning and drinking and cooking is
9	vital to a population after an event.
10	Because the number of diseases that can
11	come in as a result of the contaminate water
12	supply can take more lives than the original
13	event or disaster and it was fully expect
14	that we would have lost another half a
15	million lives in the Tsunami had they not
16	been able to get water out and water out
17	rapidly. And these water tanks and drums
18	were out within 48 to 72 hours all along the
19	road up and down the roads making it
20	available to the community and water tankers
21	would come down twice a day and refill the
22	drums.
23	Water a key thing in an event.
24	Going back to our friends that are
25	differently ability. These folks live right

1	on the water in a home, they are mentally all
2	five or younger. Chronologically they could
3	be up to 50 years of age. And she the wave
4	hit, these folks had really nowhere to go.
5	Fortunately for them, the community,
6	they had a very good strong relationship with
7	the community and the community came in and
8	retrieved these folks and they didn't lose
9	any there was no loss of life. They were
10	able to get niece folks into some higher
11	ground, but water came up about five feet
12	into the buildings, they were all single
13	floor buildings, so they had no second floor
14	that they could evacuate to.
15	And then for several weeks, actually
16	months afterwards, they had to live in some
17	of the rooms that they were able to clean up
18	first before they could get to the dormitory
19	spaces.
20	These are some of the special folks
21	that we sometimes forget about. These and
22	your senior citizens, our poor, our folks
23	that may be physically disabled, hearing,
24	site, or as we have the gas tone in
25	Chesterfield, people who speak another

language and didn't speak any English and were afraid of law enforcement officials.

These are sometimes the folks that we forget about in our planning and we need to be able to identify them, know where they are E they are and make sure that they have made some connections with people to help them when an event happens.

One of the key things that this center is doing is putting a second floor on their building. So that they can move the kids upstairs to higher ground.

They also interestingly enough psychologically, these things have an impact on people that last their whole lives.

Psychologically these kids were afraid that the water was going to come up and they want a fence between them and the water. Well, they have a chain-link fence that's there along the water, which certainly isn't going to hold back any water if the water comes up, but the idea that the fence is there is helping to ease the minds of these kids, who really can't articulate the fear and what's going on in their minds as their world was

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1 turned upside down. Most of these kids continue to have 2. 3 nightmares, most of them have been frightened 4 every time a warning comes out and there's been almost a dozen warn things of Tsunamis 5 in the area since last December and every 6 time a warning goes up everybody relives the 7 disaster and the event. 8 9 But these are some of our special folks that we need to pay attention to. 10 11 I would share a couple other stories 12 with you from the Tsunami and some also from 13 Katrina and then maybe we will have time for 14 a few questions. 15 I met this one woman in the Tsunami, I 16 will tell you about two women actually that I 17 I met this one woman that came up as we met. 18 were talk asking she had pictures of her

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three granddaughters all laid out in their

could have inches and her daughter who had

the puffy skin tone, as you pull a body out

of water that's been sitting in water, how

it's every puffy and bloated. And just in

absolute terms. And we sat and we talked and

we wrestled with the fact what have it's like

1 to be parent who have lost children. 2. Children that weren't supposed to die before 3 you did, let alone being a grandparents and losing grandchildren. 4 And cried a little bit on that and I 5 asked her a little bit more about her family. 6 7 There's only one other family member who has survived that storm, and that is her 8 son-in-law. Her son-in-law has not been able 9 to eat, to sleep regularly, to function, hold 10 11 down a job because when the wave hit, the 12 five of them were all holding on to each 13 other. And they lost contact. And he's the 14 only one that survived from the five. And he 15 blames himself. And there's very little that 16 he can do now, is he so paralyze indeed that 17 quilt and that trauma. And that's the long 18 term hard kind of recovery work that so many of us sometimes forget that still exists 19 2.0 years and years after an event takes place. I met another woman who lived in a 21 22 village just outside of GA U L in Sri-Lanka, 23 Sri-Lanka, GA U LL area of the village is 2.4 where the train, you may have seen on CNN, 25 and other news stories, the train story,

1	there's a train that was stopped by the first
2	wave just outside of GA LL, there are about a
3	thousand people on the train. A few
4	Americans which is probably one of the
5	reasons why it made the news story. And the
6	first wave stopped the train in its traction
7	and everybody in the village about 500 people
8	in the village, including this one woman, and
9	they all climbed up on the train for safety
10	and higher ground. And the second the
11	largest of the waves came through shortly
12	laugh and picked that train up off the
13	traction and rolled it like it was a Lionel
14	train underneath your Christmas tree. It
15	picked the tracks up and twisted them into
16	twisted pretzels. It washed over 2,000
17	people out to sea in a matter of seconds.
18	This one woman who lived in that
19	village of about 500 was coming up and
20	sharing with us that, you know, she wasn't a
21	nobody, you know, she had worked and lived in
22	five different countries. She had a five
23	room house that had air conditioning and had
24	TV. And she said in 20 minutes everything in
25	her life, all of her family, all of her

1	memory, awful her possessions everything that
2	was she had was gone.
3	And all that was left was the concrete
4	slab where her house once stood.
5	This is the kind of emotional trauma
6	and rebuilding that you've got to begin to
7	look at as a catastrophic event like this
8	happens.
9	One of the key areas where groups that
10	I work with is helping to provide relief for
11	clergy, pastor Al counselors, trauma
12	counselors in the event that that are caught
13	in the event, emergency workers that are
14	caught in the event like themselves. Like
15	80 percent of the New Orleans police force.
16	They put in incredible hours in the midst of
17	that and they need their time away, too, to
18	regroup. Methodist pastor that I was talking
19	to after the Tsunami had been working 24/7
20	for 100 days and hadn't had any time off and
21	his home went 10 feet under water and his
22	family had to be evacuated while he wasn't
23	even in town, unfortunately they were
24	evacuated safely, but he hasn't had any time
25	for anything else. That will take a toll.

That will take a toll on him, it will take a toll on his family as he tries to just take care of those folks there.

So one of the key things that we begin to look at after event like this is how can we get people down thereto that event site to relief the stress and the anxiety that's there.

Give them a break so that they can be recharged and go back in and do some more.

And I want to stress again that one of the biggest problems that we have in this country and it's clear in around the world, is that the people who are hurt the hardest and the longest and probably never recover from this event are your poor. She we built town Pickett, it was a phenomenal place. I don't know if any of you had a chance to go over to Town Pickett, but it was a show place, it was a model, the wrong event, it turned out to be, but it was a perfect plan.

And one of the things that made it perfect is that very possible state support office that you might need was present in one place within walking distance for people

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1 coming in. 2. Unfortunately the event that we had was 3 12,000 people self evacuated came to Virginia and spread out all across the state and 4 instead were dumped on the local ongoing 5 facilities. Well, if you have ever worked 6 7 with people who are poor, not just here in Virginia, but around our country we don't 8 9 make it easy for them to get help. We put 10 one office over here, then we put another 11 office over there, and then we put another 12 office over there and there's no bus that 13 runs between there and there and you've got 14 to go upstairs and downstairs and upstairs and downstairs all of these things that we 15 16 do, I think somehow unconsciously we do it to 17 make us feel better because somehow the poor 18 have to work to get the assistance that we say that they are entitle to of. 19 2.0 But when you take 12,000 people and you dump it on a system that is not designed to 21 22 be user friendly. Have you a problem. 23 that's the problem that we had here in

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Virginia. And a number of other states

around the country in response to Katrina.

1	One of the most important things that
2	we need to consider in our disaster planning
3	and our mitigation and our preparedness is
4	what steps do we take to assist, to eliminate
5	some of the poverty that is in our back door
6	that we have closed our ice to. To make it
7	possible so that when the event happens that
8	they will be in a better position to be able
9	to take care of themselves if they need to be
10	left on their own for 48 to 72 hours.
11	I'm going to leave it right will and
12	may be take another five minutes here to see
13	if there's any questions.
14	There's your reason for hope that after
15	disaster something good can come out of it.
16	MS. SIMMONS: It's a quiet crowd today.
17	Does anybody have any questions. Laverne has
18	the microphone or Alicia.
19	NEW SPEAKER: Hi my name is Carolyn
20	Sandford I work for the Petersburg fire
21	department. I just wanted to make a comment.
22	Some of the things that the gentleman said
23	was correct and the one thing that we have to
24	realize that we do have special needs out
25	there and the special needs are not just the

1	challenge that we have heard here, but they
2	are the poor, and they could be someone that
3	is in a wheelchair just temporarily. It is
4	the people that can't speak English and are
5	afraid of the law enforcement. So there are
6	a lot of special needs out there, I'm just
7	going to put them all or an umbrella that we
8	all have to look for because those are the
9	ones that are trapped. And it is not just
10	the elderly, if you notice when you were
11	watching the videos down there, you saw a lot
12	of single parents, whether it be male or
13	female with small children with no
14	transportation. So there are special needs
15	out there that every city needs to look for
16	now. And it needs to be put in their
17	evacuation plans and things. And they have
18	got to look at everybody, not just a certain
19	amount of people. So I just want to make
20	that comment.
21	MR. JON BARTON: Appreciate that.
22	One of the things I think that Katrina
23	did point out to us is that since 9/11, with
24	all the talk of preparedness as a nation, we
25	were not prepared for a catastrophic event

1 that would displays millions of our citizens. 2. And we probably need to take another look at 3 what we are doing with that. 4 NEW SPEAKER: My name is Richard and I'm with James City County CERT and I would 5 just like to have any plans or studies been 6 7 put into effect to consolidate all of these various agencies that can help these people 8 when they need it, or what can we do. 9 10 MR. JON BARTON: One of the things that 11 makes our nation great is our propensity to 12 organize. And give us a week and we will have about five or six hundred different 13 14 volunteer organizations, probably half of 15 them duplicating each other in their 16 response. 17 Part of the VOAD vat gee is to help 18 reduce the duplication to improve the 19 coordination and networking of them but not 2.0 to put an authority or a bureaucracy around that, but a loose network that allows people 21 22 to have the information and share information 23 in a way that people specialties can be 2.4 better used. And know where they can apply 25 those.

1	I don't know if that makes sense. But
2	in the culture that we have, we encourage
3	volunteer activity, volunteer participation,
4	and boy something like this happens and you
5	will have about 100 internet sites inside of
6	a few months on where to find housing. So,
7	it's an ongoing struggle in a sense. But
8	it's also a blessing. We just have to figure
9	out how to harness is a little bit.
10	MS. SIMMONS: I can also comment to the
11	Town Pickett, there is a study, well not a
12	study but they are looking at the lessons
13	learned and that will be compiled and
14	hopefully we can bring that down not just at
15	the state level, but bring it down to the
16	local level in the future. And see how
17	things worked and what didn't work, what we
18	Ned to add what, we need to ache away, and it
19	was a wonderful collaboration Bart bar it was
20	incredible.
21	MS. SIMMONS: There are a lot of great
22	lessons to come out of that and it is being
23	examined right now at George Mason university
24	I think is partnering with different folks.
25	I'm not positive about that, but I know that

1	it is being looked at closely.
2	NEW SPEAKER: Suzanne, do you know
3	where that is going to be released.
4	MS. SIMMONS: No. Is there anybody.
5	NEW SPEAKER: They didn't give a time
6	period.
7	MS. SIMMONS: Also no time. Oh, sorry
8	about that.
9	Right now also no time period on that,
10	no time period has been given on when it
11	will. But it I'm sure that we will it
12	will be announced and it will be published.
13	NEW SPEAKER: I meant which agency and
14	what website to look for to find it.
15	MS. SIMMONS: I think it will come out
16	of the governors office perhaps or secretary
17	woods office.
18	NEW SPEAKER: Secretary woods office I
19	think.
20	MS. SIMMONS: Yes.
21	NEW SPEAKER: Hello my name is Linda
22	more and I'm working right now with what's
23	call the untapped resources of youth. I'm
24	working with 16 year olds all the way up to
25	25 year olds who have developmental

1	disabilities. What I'm finding is if you
2	involve these kids, they buy into their own
3	plan and they recruit their own support
4	people from among their friends and it's a
5	tremendous reward to the community to have
6	these people. It would be nice if some of
7	these were also assigned as mentors to mentor
8	in the school system to make sure that these
9	kids before they leave high school have a
10	disaster plan of their own so that they can
11	provide resources to the community as a
12	whole. I think that would be a wonderful SOL
13	for civics.
14	MS. SIMMONS: I'm going to comment on
15	that real briefly. I see a lot of citizen
16	Corp CERT coordinators sitting in the office.
17	And I challenge awful to you make contact
18	with I'm sorry, what was your name, again.
19	NEW SPEAKER: Linda Moore.
20	MS. SIMMONS: With Linda Moore before
21	the end of the session.
22	NEW SPEAKER: Or at least my son Tim
23	Moore.
24	MS. SIMMONS: I think it would be a
25	great project for our teams to undertake.

1	MR. JON BARTON: I was hoping that
2	there was somebody from the Department of
3	Education here. They are about to go through
4	their reviews of SOLs.
5	NEW SPEAKER: That's why I'm sitting.
6	MR. JON BARTON: Yes.
7	NEW SPEAKER: I'm sorry, do I need a
8	mic.
9	MS. SIMMONS: Yes, she's bringing it.
10	NEW SPEAKER: Hi I'm Kathi Wolfe and
11	I'm writing about the issue of folks with
12	disabilities and disasters for a magazine
13	from New Jersey developmental disabilities
14	council. And I'm curious about in terms of
15	the situation in Sri-Lanka, what do you
16	know anything about folks with disabilities
17	there after the Tsunami, are they groups of
18	folks with disabilities, are they becoming
19	more involved in the issue of disasters or
20	disaster planning, because that's what is
21	happening in this country and I'm curious if
22	you know anything about how folks with
23	disabilities are being involved in planning
24	for this issue or.
25	MR. JON BARTON: I would suspect, I

1	don't know the specifics on that, but
2	certainly in the center that I was in, that
3	was a very critical part of their thinking,
4	whether or not there's something organized on
5	a larger level, I really don't know at the
6	present time.
7	NEW SPEAKER: My question is whether
8	people with disabilities themselves are
9	organizing not just the very good people who
10	work with them.
11	MR. JON BARTON: The center that I was
12	talking about many of the people who staff
13	that are also residents there. So, there's a
14	mixture that's there. I know that that
15	particular home is working on it. How much
16	farther it would go in terms of other homes I
17	suspect it's probably being done on a very
18	individual basis right now. But, I really
19	couldn't answer the details at this point.
20	MS. JUNE KAILES: Do you know anything
21	about the rebuilding process. There's a
22	great deal of concern when we have an event
23	of this size in terms of how the environment
24	gets rebuilt and what kinds of accessibility
25	codes are used or ignored in terms of

1 restoring an environment that's more usable 2. or even as usable as it was before. It is 3 certainly a concern in the golf states with some people talking about putting everything 4 on stilts. 5 MR. JON BARTON: I'm sure with the 6 7 rebuilding there's going to be a lot of 8 different concerns that will come up. Clearly one of the issues that has already 9 come up is that they have moved the casinos 10 11 from offshore on to shore. That's displaying 12 something somewhere along the lines. 13 Sri-Lanka, for instance, the government made 14 it illegal for anybody to rebuild if their 15 home or the building was destroyed within a 16 certain distance of the water. And the fear 17 is there that within five years that will all 18 be hotels and resorts, they are just taking 19 the land from the poor. 2.0 So, we are going to have to look and I think that could happen along the Gulf Coast 21 22 I think we are going to have to be as well. 23 very careful with that and watch that. 2.4 not sure certainly when they are talking 25 about the leave east, they are going to be

1	wrestling with, but already they are
2	compromising on some of the language there in
3	terms of whether or not they are going to
4	rebuild it to cat five or not. So I think we
5	are going to have to watch and see what
6	priorities there are as a nation and as a
7	state and what we are going to do here in
8	Virginia in the way we prepare. Are we
9	willing to spent the money to try and make
10	sure something like this doesn't happen
11	again.
12	One final thing that I just would add
13	is that one of the things also that happens
14	within an event of these natures is that
15	money and resources come flowing in from all
16	over the world. And often times that money
17	coming in and those resources coming in
18	overload a system that is already been
19	damaged, destroyed or never existed. Most of
20	those Asian countries after the country were
21	not prepared for the billions of dollars that
22	arrived and the financial institutions were
23	not able to handle it or the other resource
24	that is began to arrive.
25	So you have to take the time to rebuild

1	the infrastructure in order to handle those
2	things that are coming there's a lot of that
3	kind of work and when you have that kind of
4	money and resources that goes into an area,
5	you begin to destroy the long term local
6	economy.
7	So you need to balance those kinds of
8	things out.
9	Disaster planning recovery is not
10	rocket science, but it's not simplistic easy,
11	either, and it doesn't end with the operator
12	L preparedness class in our classrooms or
13	with the storm, but as I shared with the
14	person in Sri-Lanka, seeing these people in
15	tents, they will see those people, same
16	people in tents five years from now. Because
17	it just doesn't move that quickly. And these
18	events will shape a lifetime f not
19	generations.
20	Thank you very much, particularly at
21	this hour of the morning.
22	MS. SIMMONS: Thank you, Jon, I know a
23	couple of the questions were a little out of
24	the scope you feel comfortable with, but I
25	know that you deal with all of those issues

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	1	in your recovery efforts.
	2	Thank you very much. We are going
	3	to our next speaker is Karin Frinell it's
	4	not the same as on your agenda, Karin was
	5	stuck in Chicago for a day. So it's Karin
	6	Frinell Hanrahan and she will be speaking and
	7	if you would like to take two minutes, if
	8	anybody needs to leave while she is setting
	9	up. We need to get her computer set up for
	10	her and then I will make the introduction.
	11	Thank you.
	12	
	13	(Short pause)
	14	
	15	MS. SIMMONS: Okay folks. I'm sorry to
	16	move things along. I know we are not really
	17	going by the schedule too much now and what I
	18	think we are going to do is drop most of the
	19	ending session if you look at your schedule
	20	and that will give us more time for our
	21	speakers. But we don't have to walk out of
	22	the door, you don't have to, right at noon.
	23	So if you want to and a few questions at the
	24	end, there will be an opportunity for that.
	25	An opportunity to visit with folks.

1	Okay.
2	I would like to introduce Karin Frinell
3	Hanrahan, they came all the way here from the
4	wonderful state of Washington and as I said
5	she spent a little time in Chicago, which I
6	don't think was quite as pleasant for her.
7	Karin, if you look to the page one of your
8	agenda she will be presenting the ability
9	oriented emergency training adjusting your
10	rank to fit all abilities. I've worked with
11	Karin briefly before on the citizen Corp
12	board at the national level. She's a citizen
13	Corp coordinator and she works also with the
14	Washington commission for national and
15	community service. And I would like to
16	welcome her to the State of Virginia
17	
18	(Applause)
19	
20	MS. REBECCA FEASTER: Is Karin.
21	MS. FRINELL-HANRAHAN: Thank you Susan,
22	thank you everyone, I really pressure being
23	here and again, I apologize but Chicago
24	decided that I needed to visit their airport
25	a little bit longer. But I am here now and

1	very excited to talk to you today about a
2	pilot project that we conduct in Washington
3	state. How many of you know about citizen
4	Corp and are CERT trained. I heard someone.
5	Oh, this is exciting. So I'm actually going
6	to be talking to you about our pilot and what
7	we have done in Washington state to look at
8	answering some of the questions that Jon
9	brought up about preparedness and the
10	integration of individuals with various
11	abilities into community preparedness, state
12	preparedness and that also in the recovery
13	process.
14	My background is I was a local
15	emergency manager for 8 years in grace harbor
16	county has a coastal community in Washington
17	state. I had nine cities, two tribes and all
18	of an incorporate grace harbor county and I
19	was responsible for all of their disaster
20	preparedness response recover and mitigation.
21	I was an office of one.
22	We were also one of the very first
23	Tsunami cities. We had the very first
24	Tsunami city in the nation because we do have
25	a very large Tsunami threat we do sit on the

ring of fire and then wind stores, storm

surges all of those things that anyone who

lives along an ocean understands.

I have been involved with community emergency response training for 10 years. Ι that had in my local community facilitate through the fire department and, then they I came to the state of Washington as the point of contact for citizen Corp, which includes neighborhood watch, volunteers and police service, the new medical reserve Corp, fire Corp, community emergency response training, we found a gaping hole. We understood that CERT had been around for a very long time, wasn't very user friendly, especially when you start talking about integrating it into your schools, it did not come in alternate formats and it did not address varying abilities and the capabilities that our community members bring to the table as part of a disaster preparedness scenario.

What we did is we Washington state citizen Corp approach the Federal Government and said look, we need the CERT manuals in brail. They cannot provide them for us. We

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1	said okay, well, we need them in a format
2	that allows for readability with brail
3	readers. Not available.
4	We need to know how we would teach an
5	individual who has a visual impairment or
6	uses a service animal on how to fight a fire.
7	Couldn't do it.
8	So, they came to us and said are you
9	willing to do this. We said of course. You
10	know this, needs to be done. This is an
11	opportunity for us to look at varying
12	different populations and providing disaster
13	preparedness training tools and techniques to
14	create safer communities.
15	And originally they wanted five
16	curriculums. They want the CERT curriculum,
17	they want a curriculum for individuals with
18	visual impairments, they want a CERT
19	curriculum for individuals who use some sort
20	of mobile assistance device, either
21	wheelchair, walker, something like that.
22	They want a curriculum for the deaf and hard
23	of hearing. They want another curriculum
24	that addressed E S L. And then they want the
25	flexible curriculum that could be adapted.

Τ	Well, when we started looking at our concept
2	and our opportunities, and who was going to
3	deliver these five curriculums, how many
4	local communities could actually afford to
5	have five different CERT curriculums. So we
6	started looking at our opportunities, we
7	really wanted to come down to the nuts and
8	bolts of increasing preparedness across the
9	board. Some communities in our area have a
10	high level of preparedness, some communities
11	have zero preparedness.
12	They also don't have access to the
13	knowledge or the skills or the techniques
14	because they are struggling day to day just
15	to get through doctors appointments, find
16	employment, all of those things that really
17	do challenge us on a day to day.
18	So, we decided to develop an inclusive
19	curriculum, one. One curriculum that is
2.0	going to be able to adapt and meet

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everybody's needs. This is very ambitious

and one of our deliverables was actually to

pilot the new curriculum that we developed.

We had to develop a very broad partnership

because this is a department of home land

security program now after we moved from FEMA under to home land secure, we still had FEMA Region 10 headquarters are in our community, they have some historical knowledge on the original development of the CERT curriculum. My office, which is the Washington commission for national community service, king county emergency management and then we also did a lot of Outreach to our different service providers and individuals who have varying abilities to come and participate in our overarching design of this curriculum.

So, we had two individuals who were deaf or hard of hearing, we had an individual who was blind, we had several individuals who had mobility issues, king county office of civil rights participated. We had first responders, we responders, we had a college professor for curriculum development and some of the research that we did to make sure that we could cite all of our references and it was just a fabulous collaboration. We did this in a year. We started last August, and the curriculum was due this August, including the week long pilot training course that we

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1	hosed.
2	So this was a very methodical, rapid,
3	true and tested curriculum and I'm very
4	excite. Washington state has decided to go
5	ahead and adopt at as our curriculum. It is
6	the 20 hour CERT curriculum you learn the
7	exact same things that awful you in this
8	room, the skills and techniques, fire
9	supression, disaster, medical, search and
10	rescue, disaster psychology, emergency
11	management 101, but we have added a few
12	different things, we have added an
13	introduction chapter to talk about our
14	methodology by which we are going to teach
15	and make this abilities oriented. We have
16	also added a disaster communication. Because
17	based on studies and events that have
18	happened across the nation, during different
19	event, disaster communication and the
20	communication between individuals rescuers
21	and the entire infrastructure is a big issue.
22	So, our partners got together and we
23	met twice a month to do this, we worked
24	independently, we worked with subject matter
25	experts to pull this event together.

	1	Our goals and objectives were to revise
	2	the manual, the trainers manual, give
	3	resources and materials, it has to be multi
	4	formatted, it has to be able to be in a word
	5	document format, and then we also through
	6	this process because of our time constrain we
	7	also sent up to the federal government a
	8	whole list of other identified remaining
	9	barriers that we need to address and some
	10	targets and hopefully the 20006 budget and
	11	the future budgets we are going to see the
	12	funding for this type of a program increase.
	13	And so we are hoping. And then we are
	14	going to continue piloting the trainers and
	15	then Washington state will be doing some new
	16	abilities oriented training the trainers in
	17	the spring and all that far material will
	18	become available as it continues to evolve
	19	and be developed.
	20	We put together our planning committee
	21	and we had a whole wide variety of
	22	individuals who came together. We did the
	23	curriculum, we took the current existing
	24	curriculum which many of you were already
	25	trained on, looked at it, looked at its
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1	format, looked at its content, looked at its
2	deliverability, looked at its layout looking
3	at how it's all put together. And now this,
4	my meeting here and the dialogs that I have
5	been able to do across my state and across my
6	region and now here on the east coast to talk
7	about the concept of putting together a
8	comprehensive training program that you can
9	offer at the local level that includes
10	everyone in your community and create that
11	acceptance, because in the past I don't know
12	how many of you struggled with this, about
13	trying to put together a CERT class for
14	individuals with visual, either blind, deaf
15	blind, or with different mobility issues,
16	sometimes at the local level, I know we were
17	having a very large challenge with people
18	wanting to get the CERT training, but because
19	they utilized a wheelchair, they were
20	excluded because they cannot figure out how
21	that individual would do search and rescue or
22	how that individual would put out a fire
23	using a manual wheelchair.
24	So that was our task. How do we create
25	a curriculum that allows us to address

1	everybody's ability.
2	The mission of the community, of this
3	training is to allow everyone based on their
4	ability to be able to come to the class and
5	to be able to participate. And to be part of
6	their own preparedness, their neighborhood
7	preparedness and then become a resource for
8	the community just like this woman in the
9	front was asking, how involved are
10	individuals in Sri-Lanka with their recovery.
11	Well, when you are not in a position to
12	actually do things besides survivable on a
13	day-to-day basis to be able to say, you know,
14	I'm willing to give up this part of my life
15	and I don't have anyplace to live, but I'm
16	going to help the government design the new
17	facilities, becomes a little difficult. But
18	if we give individuals the tools and
19	techniques that they need to be able to be
20	trained, then we can insure that they are
21	part of the recovery process as well.
22	We had to empower not only the trainers
23	but the individuals to be able to
24	participate. Emphasize knowledge about local
25	resources. A lot of the individuals who came

1	to your training provided us with an
2	extensive list of additional resources that
3	we had not even tapped into yet. It also
4	needs to be specific to the circumstances of
5	the individual in the classroom. Again, goes
6	back to that local level, it is not cost
7	effective to put together five different
8	curriculums based on the differing
9	communication. And then you also train to a
10	participants level of ability.
11	In one my very first classes that I had
12	at a local level, I had the most wonderful
13	woman, she was 95 years old, quick as a whip,
14	she said honey, I do not do blood. I know
15	everybody in this community but do I not do
16	blood. And I was told that I could not take
17	this course. I said, you know, ma'am, you
18	can. We have a role for you. During the
19	class, we would like you to do this part, but
20	when it comes to the blood and the mule
21	adjacent during the training, you will not be
22	anywhere near it.
23	She was very honest. I know a lot of
24	people who do not like to be in confined
25	spaces. We would like them to know the

search and rescue techniques, but they don't have to be on the search and rescue team.

We wanted to empower the individuals, everyone knows what their level of ability is. And I don't care who rescues me, I just want to be rescued.

She we were starting this, we had focus groups, we went out to the community and said do you think in he have receipt, there's an ad everyone advertise church, it's a deaf church, deaf and hard of hearing, but it's a blend of people with a variety of skills, not everyone in that church knows ASL. everyone has the technology to be able to have AM, FM system. But everyone in that church wore ships together. So we brought those individuals to us and said okay leadership of the church, we need your skills and exert tease to help us decide how could we best provide information and train individuals who are deaf blind. We have a very high population in our state of deaf blind individuals which, require a very specific type of interpreter and some very specific needs.

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1	But there were no materials available
2	to address that issue.
3	Again, we utilized subject matter
4	experts, I'm going to tell on my fire
5	department, I just absolutely love this one
6	fire department, they have been very, very
7	helpful. But she we went to them and said
8	okay, we are going to hold this course, I
9	need to you tell me the best methodology for
10	teaching an individual who has a site
11	impairment how to put out a fire. Two weeks
12	later nothing, three weeks later nothing.
13	When we actually did our training we said
14	okay, we are just going to do this. We did
15	and the fire department to come because we
16	were lighting a hotel parking lot on fire.
17	And there were 40 of us in this big parking
18	lot. So we needed fire support. They came,
19	they were utterly amazed. We just gave basic
20	tips and techniques, it was the members
21	themselves and the students themselves that
22	came up with the methodology on how they as a
23	team were going to fight the fire. We gave
24	them the tools and the knowledge and based on
25	their abilities, they fought the fire.

1	The images you see here are the images
2	of a lot of our students from the actual
3	event that we had.
4	So.
5	NEW SPEAKER: Excuse me I'm low vision
6	can you tell me either the images or give a
7	couple of examples what did they come up with
8	to fight the fire.
9	MS. FRINELL-HANRAHAN: Yes I will get
10	there in just a second.
11	NEW SPEAKER: Thank you I'm dying of
12	suspense.
13	MS. FRINELL-HANRAHAN: I can tell
14	enthusiasm image. The woman in the front is
15	didn't a she actually runs or state 911 TTY
16	program. She is standing in the front with a
17	vest and a hard hat and, she is talking to
18	one of our ministers who is also deaf and,
19	they are coming up with a strategy how they
20	are going to approach the fire, communicate
21	with each other, because that's one of the
22	things, you have to community that you are
23	going in, community that you are going out,
24	that you are save and, they had to come up
25	with every rapidly, we gave them three

1	minutes, come up with a methodology on how
2	they were going to through tactile touch,
3	address the going in, going out, the fire,
4	and making sure that as a team, they new what
5	each other was doing.
6	They used ASL, both of them understood
7	ASL so they were able to do that.
8	But then when you get to another team,
9	let me see if I can find another team, when
10	we put I have an individual here, his name
11	is C HO W, he is with our mission for
12	individuals with visual impairment and he is
13	blind. He actually went in and through arm
14	pulls up, down and movement of the forearm he
15	was able to work with an individual who was
16	deaf to do the same type of thing. They
17	decided on what their methodology of
18	communication was going to be and it was all
19	through the forearm. When he lifted the
20	forearm up the fire extinguisher needed to go
21	up. She we put his arm down, the individual
22	who was blind was in the front, the
23	individual who was deaf was in the back.
24	Because you had to have some sort of visual
25	cue around. But the individual who was

1	blind, ciao, was able to feel the heat and he
2	was able to know through sound and those
3	types of things where the fire was. And the
4	deaf person behind him through commands in
5	his arm told him where to place the fire
6	extinguisher when they were going in the
7	forearm went forward, when they were coming
8	out the forearm went back.
9	So, they were able to through touch and
10	through dialog be able to put something
11	together.
12	We did take the interpreters out of
13	this scenario because in a real live event
14	how many people actually have the
15	availability of an interpreter 100 percent of
16	the time.
17	So, we want to make sure especially for
18	our pilot project, and our individuals new
19	that they were doing this, we were very up
20	front that was a pilot project that we were
21	trying this, but that we had fire department
22	and safety personnel, it was fabulous.
23	The methodologies that they went
24	through to be able to do this.
25	So, the coordination at the hotel, we

1 brought everyone into a hotel, the training 2. spaces, making sure we had interpreters, 3 making sure we had met everyone's specific needs and then the support of the community 4 was really important. 5 Teaching methods, we had a lot of 6 hands-on training because some of these 7 individuals had not taken the CERT course 8 9 before and so this was a very first time comprehensive course, but we also wants them 10 11 to be part of a speakers bur owe, so we gave 12 them tools and techniques on instruction. 13 Utilizing descriptive language in our dialog and then in our DVD, we were not able to do 14 second track audio because of dollar 15 16 limitations. But it's open captioned, and we 17 have done descriptive video, we went back and 18 revise it had twice to make sure that we have very descriptive video in our new DVD, 19 2.0 prepare ins, none structural mitigation are the two components of that. 21 22 In our original review of the 23 curriculum, we took a look at the images and 2.4 the images in the book for those of you who 25 have taken the course, you know that they are

1	small, there's ultimate images on a page, you
2	will have an image of the gas meter, it will
3	have your on and offer down in the lower
4	right or left corner that is about an inch
5	tall that tells you which direction things
6	go.
7	Below that you have the electrical shut
8	office it shows two or three different types
9	of pan else. And then for the medical piece
10	you have images of kind of shadow figures
11	that have just upright and standing and don't
12	look like anybody, I know. I don't know
13	anyone that you know walks around in a dress
14	with her feet together all the time.
15	You know. And the women's hardhats I
16	can't decide if they are supposed to be like
17	the little pill box hats. I haven't quite
18	figured out who design these images. Really
19	tiny, not very descriptive.
20	We had a problem with images, trying to
21	find images of individuals who look different
22	than the stick people.
23	And so we went to a string bean
24	approach. We multicoloured them it was
25	really funny, in our training we had a

1	variety of individuals, and we had where
2	is my string bean. There's a one that kind
3	of has a pot belly and the pregnant woman
4	said oh, that looks like me X. one of the men
5	said oh, that looks like me.
6	Well, you know, a couple beers later
7	and it did, it looked like both of them.
8	So, we were really trying to approach
9	it, you know, and I don't know very many
10	green people, but, you know, it kind of
11	engages individuals and it gave us the
12	flexibility to make the images look more like
13	our community.
14	We did have service animals in the
15	training. They participated and were active
16	members of the training. It was interesting
17	to watch. One was a shelty and one was a
18	white lab or yellow lab, and they were
19	fabulous additions to the class & the
20	dynamics that that create for everyone was
21	wonderful.
22	Engaging the students, what we did is
23	there was a group of students, we had 40, and
24	then we had all of the team that designed the
25	course. And we had to watch because this was

1	the very first time we did this, for people
2	disengaging. What we noticed is that during
3	certain parts of the dialog, or as part of
4	the course, just like this woman said, we
5	were talking about an image and yet with her
6	varying abilities, it wasn't hitting. And
7	you can watch individuals disengage during
8	your training.
9	So, what we did is we started
10	developing methodologies on how we were going
11	to address those types of issues. The one
12	thing that I have to say about this course is
13	for the fact that it was so extraordinary
14	because testify the first time that people
15	have put it in, it was so ordinary. And
16	that's one of those things, you had a group
17	in the back, the chatty cath east, sitting
18	back there and we could see them, and we said
19	you know you guys you need to pay attention,
20	they are like what, we are not talking.
21	You are using ASL, we can see you.
22	You know. And then we have the guy
23	over here going what about my apartment, how
24	are you going to evacuate my apartment. I
25	live on the fifth floor in my apartment, how

1 you going to evacuate my apartment.

I mean, we all have those individuals in our training. so it was one of those things. We had federal observers, we had state observers, we had people coming and going. But, for all in all, for as extraordinary and as much attention as this course got, it was so every ordinary.

One of the things that we did is during the disaster medical component, there's the discussion of the blanket carry. They were ding a demonstration of the blanket carry and the difficulty we had is that it was visual and hands on. Ciao was sitting in the front, we watched him disengage, you know, normally he is really alert, those types of things, so what we did is one of our instructor went over, took his hand and a piece of paper, wrapped and this is I have an image of this of patty gene going over to his hand, laying it down, saying this is the victim, and then taking the piece of paper, wrapping it around his hand to show where the blanket would be and doing it in a tactile manner.

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So, next time one of the tips and

1	techniques is and we debriefed after each
2	of these sessions. He said I wish I had been
3	the victim. Well, unfortunately Dave, who I
4	just absolutely love, was in his motor riced
5	scooter, through himself out on the floor and
6	said I'm the victim. So you know, when you
7	have that type of enthusiasm axe, you just
8	don't stifle that.
9	You were like all right Dave come on
10	down. So, as he hit the floor, you know, we
11	probably shove done it twice, we probably
12	shove aloud ciao to actually be the virtual
13	complainant. But through this tactile
14	learning that he was able to do and that
15	exchange, we were able to meet his needs and
16	he understood what we were doing.
17	We did change the head to toe triage.
18	And did ask him to be the victim so that he
19	could feel how you did a head to toe triage.
20	Well, come to find out he's an
21	acupuncturist. So, all right, we probably
22	could have used one of our other individuals
23	who was blind, but, you know, he was excite
24	to be able to be the model for the day.
25	The other thing that we did is through

1	this practice, patty gene is a voluptuous
2	woman, fabulous, well, when had a young woman
3	from the Seattle area, buck five what, I
4	swear, navy a buck five. That's who they
5	decided to do the chair lift with. Let's see
6	how we can lift her as a team. Patty gene
7	stood up and said you know what, have you to
8	rescue me, too. So patty gene sat in the
9	chair and we talked about how you would save
10	patty gene.
11	And so we went through that whole
12	process as well. So that we were really
13	giving a variety of individuals and we found
14	that with patty gene, the same methods
15	worked. They talked it through, they needed
16	a few more people, but they decided on how
17	best to carry patty gene, not just ciao, the
18	other ciao.
19	What we decided through discussion with
20	our committee is that instead of talking
21	about if you have an individual who has a
22	mobility issue, this is how you train
23	individuals who use wheel devices. We did
24	not do that. We went into learning styles
25	and that's part of the new introduction.

1	Everyone learns in a very specific way.
2	You are either a visual, verbal
3	learner, visual nonverbal, tactile,
4	kinesthetic learner or audio, auditory verbal
5	learning.
6	So, this is how we meet the class.
7	It's not the fact that I as a student,
8	I need to read it, write it, say it, and
9	absorb it. That's how I learn. I use all of
10	my senses and if I cannot talk with my hands,
11	it doesn't work. As you can tell.
12	I'm very motion oriented, movement
13	oriented person. But, we have in our course,
14	we had an individual who really was a visual
15	learner. We had to make sure that the layout
16	of the book, the layout of the slides,
17	everything met his needs.
18	So, the pictures are full page. They
19	are very descriptive at the bottom. When we
20	talk about an alluvial wound, we talk about
21	the skin being like an envelope flapping. We
22	give several different descriptions of a
23	wound. We also made sure that all of our
24	individuals who used readers, either on their
25	computer or table top readers, could download

the documents ahead of time and keep up with us on their technology, based on their technology.

> The nice thing about this project is that we were able to take our interpreters from day one all the way through so that they already new the acronyms, they already new incident command structure, those types of things so that if the audience did not seem to be getting a concept, they were able to say it in a different type of language. of the examples, one of our structures used patty gene is very, every musical. And so she was talking about the expanding and contracting of the incident command system like an accordion. Woops, I apologize, like an accordion, and as you pay a Polka, it gets really large and you need a lot of people, but when you are playing a senata, it's really much smaller movement and less people would be needed.

> Well, our individuals who were deaf and hard of hearing, that music reference did not mean as much to them. So, then we went into the Spanish fan. How it's like a fan and so

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1	we had to do not only our own special point
2	of reference, but looking at how other people
3	would look at it. And so we had to have two
4	or three different types of descriptions for
5	what it looked like. And then we also had
6	for those individuals who were tactile
7	learners, we had pieces of things like a fan,
8	you know, those types of things, that we were
9	able to bring to that audience as part of the
10	learning process.
11	Normally in the past you would announce
12	a CERT class in Washington state and people
13	would just come. Now based on this abilities
14	oriented, we are going to ask for
15	preregistration with identification of
16	specific needs that you have so that we make
17	sure that we know who our audience is better,
18	so that we are going to be able to adapt our
19	class better, instead of just ding a we
20	will did a broad announcement but it has to
21	be registration only so that we make sure
22	that we have the appropriate tools,
23	techniques, devices and none of this is
24	expensive.
25	I mean, to teach the blanket it was

1 just an 8 and a half by 11 piece of paper. But we need to know that an individuals is 2. 3 going to need some hands on tactile learning. Or that that individual should be the 4 victim for the blanket carry just so that we 5 can adapt, our trainers can adapt their 6 7 courses. 8 So, we really talk about learning styles, not individuals. And that's kind I 9 10 kind of the mind shift from saying, you know, 11 you as an individual learn this way, because 12 this is your current ability. Well, everyone 13 is only temporarily abled, so my father had 14 knee surgery and we have had to completely --15 he had his knee replaced completely redid our 16 family disaster plan during this year and a 17 half that it's going take him to recover 18 because his mobility is very different. You 19 know, he was going to be the driver, he was going to be the coordinator, it was going to 2.0 be he who brought the trailer, you know, all 21 of those things, he is not able to do that 22 23 So it has changed our entire families 2.4 disaster planning because of his knee 25 replacement.

1 And a lot of people do not take the 2. time to do that, but we had to, so it was 3 important. 4 The other thing that we really talked about in developing this curriculum is not 5 only how people learn, so our manuals are 6 7 only print on one side, they are print on buff paper so that those individuals who --8 one of our team members has ADD. It is very 9 distracting for him to have the bleed through 10 on the back side. Well, to put the manual on 11 12 card stock is outrageously expensive and 13 everyone would end up with a hernia. 14 Because it's so heavy. 15 So, what we did is we had to figure out 16 a methodology, we don't have bleed through 17 and the recommendation was buff paper and 18 only one sided. Our book is a little bit 19 thicker because of that, but what we found out is that this curriculum is a curb cutout. 2.0 A curb cutout, and you are all looking 21 22 at me. You know how in our neighborhoods now 23 they are doing the curb cutouts on all of our 2.4 sidewalks. Everybody uses them. If are you 25 can carrying a heavy load or if you are in

1	high heal shoes, venues them. And it doesn't
2	matter who it was actually developed for, or
3	why it was developed t just creates greater
4	access for everyone. And that was kind of
5	our motto throughout this whole thing, we
6	want to create a curb cutout on preparedness.
7	So that everyone can get something out of it.
8	The other thing that we learned early
9	on and had a lengthy month long discussion on
10	is what does it mean to use a wheelchair.
11	What does it mean to wear glasses. Everyone
12	has a specific need, is it a special need,
13	you know, there's a lot of ways that
14	individuals can get around. There's a lot of
15	ways that people can do things. So we
16	started to shift from special needs, because
17	what we saw is that when you said special
18	needs mobility, they said oh, 30,000
19	wheelchairs. Well, is that really what we
20	need. Is that really what an individual
21	needs. It's not special needs, it's specific
22	needs. I have a very specific need. I'm a
23	single mom. I have to have a disaster plan
24	for my daughter because of the role in my
25	community that I play. I have to know that

1 she's okay or I am not going to function and 2. operate. 3 I also have very bad niece, I cannot 4 lift, so I have to have mechanisms by which I can move objects and things without strange 5 my niece, because I will end up in the 6 7 hospital. 8 Everyone has a specific need. So once we got out of lumping people into special 9 needs categories, then we start talking about 10 11 social location. How many of you know about social location? 12 13 Social location is when you have three 14 women who are 85 sitting on a park bench, do 15 you treat them exactly the same. Well, one 16 woman may be a retired professor who is down 17 in your community in her vacation home. 18 other woman is comfortably retired and is down here, you know, she has moved here, this 19 is her home now, she has a comfortable means 2.0 and then the other person is living month to 21 22 month on her Social Security check. 23 Instead of lumping them all into the 85 2.4 year old female special needs category, you 25 have to look at everyone's specific location.

Because the one in the for end of the bench
is going to pack up her things and go to her
primary home. The one in the middle has
family, she has extended family, places to go
and the means to get there.

The third individual is the individual

The third individual is the individual who needs to have potentially some additional help, needs to have access to FEMA and needs to be able to get into resources to help her recover from this event.

So, instead of looking at each individual as a category, we look at their social location and their abilities and their specific needs.

And give them the tools through the 20 hour training of fire suppression, disaster medical, evacuation, planning, preparedness, we don't call them 72 hour kits in Washington, they are preparedness kits. Because we have some areas that when the power guess out it's out for two weeks. So they need to have a preparedness kit for three weeks. We have other areas that get snowed in for, you know a month. Those individuals need to have the 20 below kit.

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1	Because they already know how to survive for
2	a month or more. But what happens when their
3	again rare, when it gets to be 20 below and
4	the gasoline freezes. So we are kind of
5	trying to get into that methodology and
6	changing our culture, one individual at a
7	time, about talking about specific needs,
8	about your social location, my father's
9	social location has changed. He was a hiker
10	are a biker, you know, a camper, all of these
11	things. But right now he's struggling
12	through this knee surgery, he does not have
13	the mobility he had, he is not going to be
14	the resource we had, he's going to need us,
15	we were really relying on him, but for this
16	time being, his social location has changed
17	from our focal point and the paternal point
18	of contact for all of us, to actually needing
19	our assistance.
20	So, our entire dynamic has changed
21	because his social location changed. He's
22	the same individual, he has the same skills,
23	he has the vast knowledge, he's retired
24	military, retired law enforcement, so, he has
25	value, we love him to death and he's going to

1	be the backbone, but because of his mobility
2	issue change and the things he can do, his
3	social location has changed.
4	And so what we are trying to do is look
5	at the local community and what is there
6	ability when you have one of our
7	communities the emergency manager is part
8	time and he's a part-time farmer. So if you
9	don't see him in the office, he's out plowing
10	his wheat fields or those types of things.
11	We are trying to give him the tools and
12	techniques to engage his community to help
13	themselves because we know that he as the
14	loan emergency manager for this county of
15	about five, six thousand people, is
16	overwhelmed already. And the thing is she
17	sits next to our fourth largest, fifth
18	largest city and so when people evacuate from
19	the west side, they are going to come into
20	his community. People have summer houses out
21	there, they have resort houses out there, we
22	need to create an infrastructure that allows
23	him.
24	So, by talking about specific needs,
25	ask about individuals social location, and

1	teaching them to their abilities, what we
2	have provided and successfully, I think, is a
3	tool, 20 hour curriculum that gives
4	individuals the opportunity to prepare
5	themselves, start the dialog with their
6	neighbors about community planning,
7	neighborhood planning, and then on the flip
8	side when they are at the Safeway and they
9	have their motor riced wheelchair, they are
10	going to be able to help people evacuate.
11	They are going to be able to have the skills
12	and techniques to help individuals out.
13	Old manual, again, we had to change the
14	design. You have to make sure that it makes
15	sense, that everything is labeled, the old
16	manual was straight left marriage I be,
17	different.
18	Margin, different bulge et cetera and
19	no outlining whatsoever, pictures were not
20	numbered, there was no description, and you
21	had multiple pictures on the same page.
22	What we had to do is do an outlined
23	format because that's what our readers had
24	asked for. Indented text, pictures all
25	labeled, numbered, described, page labeling

1	so the actual document looks very different.
2	Funding, there is funding currently for
3	CERT. Also not a lot. We were able to
4	deliver a pilot course, again, this is a para
5	dime shift a little bit from lumping
6	individuals. This gentleman in the front is
7	a paratrooper, he is also a recumbent bike
8	racer. This is the man I want to save me.
9	His name is Ernie, he's from our community.
10	Anna mazing man. He has incredible upper
11	body strength. And he's actually part of our
12	search and rescue team. He uses a wheelchair
13	that is especially designed for him. The
14	thing that he came in and was very up front
15	with is please do not help me. If you help
16	me with this chair, I will tip over.
17	Because it's designed for his upper
18	body strength. I mean, he is utterly
19	amazing. And this is the other little ciao,
20	fabulous young woman, you wouldn't know it,
21	but she's an expert karate, she did karate,
22	and I think she's like a fifth level black
23	belt or something. So even though she waste
24	105. She has incredible strength ask all of
25	those things. So what we did is we had to

1	take assumptions out of our dialog and here
2	in this picture they are wear their heart
3	hats, Ernie is in the lead, ciao is in the
4	black, she has her flashlight, this is
5	actually our disaster simulation. We had a
6	room about this space ask we tore it to bits.
7	We brought in big huge four foot laundry
8	bins, we tipped it over, and then they had to
9	go in and do they had to establish their
10	team, they had to put together incident
11	command, go in, do an assessment, search and
12	rescue, triage, excavate everybody, evacuate
13	everybody, well, some they did, and my little
14	friend Dean owe, he was amazing. He was I
15	just love him. This was just so exciting.
16	We tipped over one of those big huge four
17	foot laundry bins and when stuck him
18	underneath and put debris in front of him.
19	Well, he's deaf. He is sitting there
20	pounding like this, you know, because that
21	was one of the instructions. Is that when
22	you three things, pound, stomp, flashlight,
23	all of those things to get an individuals
24	attention. So he is pounding and pounding,
25	and ultimately the search and rescue team

1 came in. Well, there was a at the bottom of 2. this big huge laundry bin, there was a fabric 3 strap that was bolted to the bottom, he stuck 4 his arm through it. He want to test them to see how they would communicate with him to 5 get him out. 6 7 It's a test. You are going to have 8 those reality things. So we had people crawling in there with him, comforting him, 9 doing all of those disaster psychology 10 11 techniques that we told him. To help 12 excavate him out of this. He was just having 13 a ball. He was just having a great time. 14 They successfully removed him and then 15 I don't know if I have a picture of him. 16 This little gentleman right here in he's in a 17 fully out fitted incredibly speedy mobile 18 wheelchair. He has cerebral palsy he's a senior in high school out of Colorado and 19 2.0 they asked if he could participate. He had gone through the CERT training and Colorado 21 22 and want to come to this core because they 23 try to adapt it for him and those types of 2.4 things. 25 So, he came to our course and

1	participated. He physically was not able to
2	put out the fire, but boy did he give
3	commands. He told the individual what to do,
4	he instructed them, and he was able to do
5	that.
6	Well, he was actually our runner. We
7	load him down with medical supplies, he would
8	go. When they extricate the walking wounded
9	they put her hand on the back of his
10	wheelchair and he drug them back. He
11	actually pulled another wheelchair Ernie in
12	his wheelchair hung onto the back ask pulled
13	him. This little kid was all over the place.
14	His name is Tim crab tree. He is wonderful.
15	He is an excellent, advocate. He understands
16	the incident command structure. He was a
17	great liaison between the medical facility
18	and where our incident command station was.
19	Because you don't want the two too close so
20	our medical facility was in one part of the
21	hotel and he ran back and forth and was a
22	liaison and a facilitator for the movement of
23	information and people.
24	Both of our incident commanders were
25	blind. They were the ones cliff is the

1 gentleman who led team alpha and Kevin was 2. the team that led team Z U L U. Excellent 3 leadership. He Kevin is actually an amateur radio operator in one of the emergency 4 operation centers ask want to get CERT 5 trained so that he could make it to the 6 emergency operations center. So he wanted to 7 8 come ask get the skills ask techniques and actually ended up leading the second team. 9 10 Now, we were really mean, I have to 11 Team Alpha went first and they sat tell you. 12 up, we gave them 20 minutes to put all of their command and control together. They had 13 14 to organize and get set up. We hid everybody 15 else in the other room. They all had victim 16 cards. We hid them underneath, we had the 17 recess Annie who always had electrical wires 18 wrapped around her somehow. 19 So, team Alpha went first and we had 12 individuals hidden with various wounds that 2.0 had to be addressed in this space. Dark, we 21

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blacked out all the exit signs, I mean it was

pitch black in this space. And we took the

interpreters away. We had interpreters pre

positioned in the room in case there was for

1	safety reasons. But the interpreters being
2	not play with us. Within an hour team alpha
3	was able to set up their incident command, go
4	in, do a perimeter check and they were able
5	to find triage, extricate and medically treat
6	all 12 individuals. Blind, deaf, mobility
7	issues, and then some other individuals who
8	were observers.
9	NEW SPEAKER: How did they do that.
10	MS. FRINELL-HANRAHAN: How did they do
11	that.
12	NEW SPEAKER: What things did they
13	device so that they could do it.
14	MS. FRINELL-HANRAHAN: Well, we had
15	been together for a week in this training.
16	So they had gone through a whole series of
17	courses. It's a 20 hour course. So this was
18	the morning of the fifth day. We did it over
19	four days. You were saying it's an intense
20	training. It is. But, what you see is
21	communities are doing it like maybe two
22	Saturdays or they are doing it two hours each
23	week for a month or maybe they do it
24	quarterly, so it's not a whole we did a
25	whole week because we were just slammed with

1	time. Ask we did not want to lose this focus
2	group. I mean, they were such an incredible
3	group of individuals who came forth and said,
4	yeah, I will be your guinea pig. I mean,
5	that's big.
6	NEW SPEAKER: I actually did go through
7	a training course, the 20 hours in Montgomery
8	County and it was because it was spread out,
9	there wasn't that kind of bonding and people
10	talking to each other, they come ask they go.
11	It was only at the end when we did the search
12	and rescue that people actually began to feel
13	lick a team.
14	MS. FRINELL-HANRAHAN: Yes. I'm sorry,
15	your name.
16	NEW SPEAKER: Lise.
17	MS. FRINELL-HANRAHAN: What Lise was
18	saying was that the difference between this
19	pilot training program and the course that
20	she went through, the CERT training is that
21	because we were able to do it focused for a
22	week versus her course that occurred over a
23	period of time, there probably was not the
24	opportunity excuse me, for the comradery that
25	we were able to develop in this course.

1	And that is an issue. And what we have
2	done because our communities condition afford
3	to do this. Most people cannot take a week
4	out. Is what we have done is we have started
5	dialog and chat groups within the training so
6	that he can talk about it. And then give
7	them opportunities outside of course to ask
8	questions and engage to keep that dialog
9	going, questions, and then we review and then
10	always throughout this entire thing you do
11	team building type activities. Know building
12	the ladder, it's puzzle pieces and talking
13	about various abilities. So you get to know
14	people in your group better.
15	And learn what everybody's bringing to
16	the table.
17	So, we have tried to design it knowing
18	that people can't do this type of week
19	longing and trying to create more engaging
20	during that time that you do have them.
21	Ask because it's not so wonder bred and
22	it's more abilities oriented whole wheat
23	type, you know, with the nuts and the bolts
24	and the wheat Berry's in it, we have really
25	tried to address some of those issues because

1	again it's I as the state coordinator only
2	do the state level training. So I train the
3	trainers. But it's when they get down to the
4	local level and they have to train their
5	individuals that that's where the rubber
6	meets the road and that's where we have to
7	have a successful stain able program.
8	And then.
9	Sustainable program.
10	And then again we out of this group we
11	are beg to tap into these individuals to be
12	part of a speakers bureau to really show the
13	first responder community and train them
14	better on abilities getting them into looking
15	at specific needs, social location, not at a
16	culture or a community group as a whole.
17	This is, again, another picture of two
18	individuals, they both use manual
19	wheelchairs, he had in the front actually has
20	only uses wheelchairs for long distances, but
21	we really want to try this out, so, again,
22	they were our guinea pigs. What we have is
23	he had in the front, he's holding the fire
24	extinguisher between his niece and like I was
25	telling you, the gentleman in the back is the

1	recumbent racer and the ex paratrooper and he
2	is pushing both of their chairs forward to
3	the fire, they are in constant dialog. And
4	then they approach the fire, put the fire
5	out, and then both wheeled themselves back.
6	Through dialog, they had three minutes to
7	figure out how they were going to do this.
8	I mean, we really put a lot of pressure
9	on these individuals because in a real
10	disaster you are not going to have a lot of
11	time. You know, if there's a fire in your
12	home you want to be able to come up with a
13	solution.
14	And the catch and I will let my fire
15	department off the hook, is I did not tell
16	them that we were going to train people in
17	teams for fire suppression. They were
18	thinking about the one individual trying to
19	figure out how one individual would do it.
20	Well, so I really need to let them off
21	the hook, because, again, CERT always talks
22	about personal responsibility, personal
23	preparedness, community, neighborhood
24	preparedness so you know what your resources
25	are, but you never attempt fire suppression

1	or search and rescue or cribbing or any of
2	those alone. And so taking it from the
3	individual to the team and then into your
4	individual teams and then into your community
5	teams.
6	And sometimes that's a little different
7	than what some communities are doing in the
8	CERT training.
9	In Washington state we want everyone
10	trained in CERT and then the teams can be
11	developed after that specific response teams
12	can be trained after that. I know some
13	communities are only training teams and those
14	are designate teams. But, because of the
15	varying abilities and because we wanted a
16	good comprehensive preparedness course, we
17	are just training anybody and everybody and
18	then based on where you are, and what your
19	resources are is your response in your team.
20	So, like for me I'm CERT trained, my
21	team is actually in McCleary, I work in
22	Olympia, and I shop on the west side.
23	So, depending on where I am and what my
24	resources are I can be on five different
25	teams.

1	But, if everyone is trained, then no
2	matter where I am, I can pull a group of
3	individuals together ask we can address fire
4	suppression, search and rescue, disaster,
5	medical all of those components. So, it's
6	really important for us to have this cadre of
7	speakers who are going to be willing to go
8	around with us and be part of the training
9	because we want to give it credibility, we
10	want to be able to give it a foot hold in the
11	community. And to be able to do Outreach to
12	those communities that maybe emergency
13	management has not been as successful as they
14	need to in touching ask reaching out to. And
15	dialoguing with.
16	So, giving not only our speakers
17	bureau, but emergency management a team of
18	people to help out to give it some legs.
19	This is our team. There were 40 of us.
20	Again, we have individuals with mobility,
21	deaf ask hard of hearing, some individuals
22	with different mental disabilities, and then
23	our trainers and our whole group. So, it was
24	a fabulous training. And what we really came
25	away with was a curriculum that is cleaner,

1	it's comprehensive, it has varying learning
2	types, and so nowhere in there do you see
3	blind people do it this way, you know, or if
4	you have in a wheelchair tell people how to
5	get you out, none of that. Some of that
6	rhetoric that had been coming down about
7	okay, if you have an individual who is blind,
8	this is what they need. We really got away
9	from that and went to a very broad approach
10	because we figured that even with the manuals
11	to address the ADD individual in our group,
12	helped everyone. Because when you open up
13	the book you now have a blank page to write
14	notes.
15	And then on the readers, the way with
16	all the discrepancy active language and
17	everything, they were actually giving us
18	examples of other ways to do that.
19	Now, we cannot write them in because
20	the book would weigh 180 pounds. But, what
21	we have done is in the structures.
22	Instructors manual is really talked
23	about engaging everyone to talk about their
24	abilities through the different lessons and
25	methodologies.

1	MS. FRINELL-HANRAHAN: I take
2	Questions, comments. Right down here in the
3	front.
4	MS. JUNE KAILES: Very impressive.
5	MS. FRINELL-HANRAHAN: Thank you.
6	MS. JUNE KAILES: Will this be
7	available to others, for example, on the net,
8	will you be posting it, and, two, have you
9	thought about actually tweaking any of the
10	lessons within CERT to be a little more
11	inclusive of people with a diversity of
12	disabilities and limitation ins terms of the
13	actual lessons themselves, so there's a
14	little disability type content within the
15	actual pieces that you are teaching.
16	NEW SPEAKER: Most of the CERT manuals
17	that you sent us with the structure guide is
18	including on the CD that was in everybody's
19	packet. So you have that basically to start
20	with. Okay. Basically what we okay, here
21	is my big huge disclaimer, okay. You all are
22	going to they're right here first.
23	This is a federal program. I don't
24	know how many of you have tried to work with
25	the office of domestic preparedness and the

1	national citizen Corp program related to
2	curriculum, but I was this was a federal
3	grant. Therefore, it is in the public
4	domain. But, it is currently not OD P
5	blessed. Now the question is do we actually
6	need to get it OD P blessed because it's the
7	CERT curriculum.
8	NEW SPEAKER: What did OD P mean.
9	MS. FRINELL-HANRAHAN: Office of
10	domestic preparedness. So here is how we are
11	doing in it in Washington. It's the CERT
12	curriculum. Same chapters, same layout, same
13	everything, other than we took the terrorism
14	chapter and included it in an all hazards
15	chapter. Same terrorism type information,
16	but we just moved it in, it's a hazard, you
17	need to address it with all the rest of your
18	hazards and HS P D 8, which is the
19	presidential directive number 8 that says all
20	hazards, we address that.
21	We have adopt it in Washington state as
22	our new curriculum.
23	And we have cross walked it, everything
24	matches, we have approval to do that.
25	I am willing to give it to anyone that

1	wants it. I have a DVD, I have the DVD here
2	for you, a copy of it for Virginia and you
3	can make copies of it, it's in the public
4	domain and then I also have the structures
5	manual, the power points and I'm willing to
6	give it to anyone that would like it E you
7	just need to work through your own internal
8	process, the hope is and I'm working with the
9	new CERT federal garu, Jackie, to get this as
10	on option you can do this old CERT curriculum
11	or you can do the abilities oriented CERT, I
12	don't know how it's going to look federal
13	level. But, again, Washington state is
14	willing to share everything and as soon as I
15	get all of my trainers stuff on this new
16	curriculum, that will come out as well.
17	MS. SIMMONS: Karin, I wanted to say
18	that I know you had a bad trip here, but if
19	we fly Karin directly to Washington the next
20	time, I'm hoping that in the future we might
21	get her out here to do a longer couple day
22	session, train the trainer, and pull a lot of
23	partners in.
24	MS. FRINELL-HANRAHAN: Okay. Part two
25	of your question is that the second part was

1	is there more dialog about individuals with
2	disabilities specifically.
3	MS. JUNE KAILES: Within the content,
4	within the actual lessons.
5	MS. FRINELL-HANRAHAN: Within the
6	actual lessons. No. Because what we found
7	is that when we briefed the pieces and when
8	people came in with assumptions, looking at
9	you and came in with assumptions based on
10	your assistance devices of what you could and
11	couldn't do, that it did a disserve not only
12	to you but it did a disservice to the course.
13	And so what we are doing as the
14	trainer, I am doing, is as part of our train
15	the trainer curriculum, the trainers are
16	getting sensitivity training, we are bringing
17	in individuals with various abilities, the
18	subject matter experts from the community to
19	come in and dialog with them about the
20	specifics of their community.
21	So, we are not putting it in the
22	textbook per se because the textbook could E
23	would be huge. But we are providing extra
24	tools ask techniques for the trainers and the
25	subject matter experts who are going to be

1	doing the course and working with the
2	students within that curriculum or within
3	that course to better serve all of the
4	populations. And, so that they interact
5	better overall. Does that kind of help. I
6	mean, it's not the disaster psychology
7	does give tips ask techniques, the disaster
8	communication talks about, you know, service
9	animals, it talks about interpreters, the use
10	of interpreters, all of those components. So
11	the disaster communication was written
12	especially after an incident that we I am
13	not sure if we actually ended up citing it,
14	because we couldn't find it. There was a
15	team, a search and rescue team that went into
16	oil refinery after an incident. And they
17	expected these employees to be able to hear
18	because before the incident they could hear.
19	After the incident, they cannot. They were
20	injured and on the ground and they mistriaged
21	them because their social location during the
22	event changed. So we do not want to make an
23	assumption this that because you can hear
24	today that after the event, or that you I
25	mean, disasters effect everyone differently.

1	The strongest person in this room could
2	actually end up needing the most help.
3	Strongest willed, I mean everybody handles
4	disasters differently. So we again, this
5	team was amazing. We talked about
6	everything. We talked about this. Do we put
7	in a chapter or do we as we talk about
8	handling individuals with wounds, talk about,
9	okay, you know, this is how you lift someone
10	who has a back injury, this is how you lift
11	someone who has been who has spina bifida,
12	the book would have been huge and not
13	everyone who has spina bifida has the same
14	issues. They have similar issues, but
15	everybody is not classified the same.
16	We had to be clarify because this is a
17	national pilot. And because the service is
18	in Washington state and some of the things
19	that we are doing in Washington state, it's a
20	national pilot. so I also had to.
21	So it also had to fit in Virginia. So
22	it's now it's my responsibility as the
23	trainer of the trainee, train the trainers
24	training, yeah, it's my responsibility to
25	give those trainers skills and techniques to

1	be able to teach anyone in their community
2	and to be able to interact during a disaster
3	as well.
4	There's something there.
5	NEW SPEAKER: I'm sorry, to be
6	monopolizing the whole conference, but I'm
7	working, like I say with these young folks.
8	And one thing that several of mine have said
9	to them is that they have personal assistants
10	ask not always in a disaster are they going
11	to be able to have the personal assistants
12	who understands how to move them safely from
13	one location to the other. What has been
14	suggested by these young people is to have
15	cards that are laminate that are in a book
16	that would kind of give step by step
17	instructions on how to do it safely with
18	that, has any thought been given to
19	personalizing their plan for their personal
20	mobility issues.
21	MS. FRINELL-HANRAHAN: Yes. We as part
22	of the planning component, we talk about
23	that. I mean, there's some people who have
24	to have medicated medicate, refrigerate
25	medication that. Is a very specific need.

As part of their disaster plan, we talk about how you do that. And then to have a laminate card with those medications on it. We recommend that.

One of the individuals in our course has mobility issue and it's -- she called it brittle bone, but she had a technical name for that, but for the simplicity. When she came into our course, we shared at the table and it's an ice breaker, she said please do not open the door for me. Especially if my back is to it because if she falls, she could shatter like 20 percent of the bones in her body. She also said if I'm on the ground do, not pick me up.

You know, there were some very specific things that she shared with us that was vital to that. And so what we talk about in this course is that as you are setting up your disaster plan, those students who have this -- have these fabulous ideas, engage them, please, it would be wonderful this they could, but they also immediate to talk to their neighbors and have a dialog and talk to -- you know, and really.

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1 I was hoping with this NEW SPEAKER: 2. event they will be talking with their 3 neighbors. MS. FRINELL-HANRAHAN: The difficulties 4 that we have is especially when this 5 curriculum was designed is that first 6 responders did not get to the L O M APR IA T 7 8 A area for over a week. They had minor wounds that had become infect that needed 9 hospitalization. 10 All of those things, so this is really 11 12 your own personal preparedness. And then how 13 you are going to work in the location -- the 14 physical location that you are, I mean, not 15 everyone sits in their office all the time, 16 not everyone sits in there at home, you know, 17 they are at their faith based organizations, 18 churches, synagogues, mosques, all of those places, you are all over the place. People 19 2.0 travel, I really debated bringing my 72 hour kit with me, just so that I could show you, 21 because what we have done is we have the 22 23 faces, the pain faces, so that you can say, 2.4 you know, this is how I'm feeling right now, 25 this is how I'm not feeling. Ask then we are

1 also talking about as part of our fog, which 2. is the field operations guide, that's part of 3 CERT, it's part of the national webpage type thing, they have this operations guide that 4 you can stick in your 72 hour kit. 5 Well, we are talking about is putting 6 7 the faces and a body, a shape of a body so 8 that if for whatever reason, your social location changes and, you know, or your 9 dealing with an individual who cannot 10 community, you know, you have this option of 11 12 a visual cue, or you can also we also teach nonverbal communication. 13 So that like when we had a deaf 14 15 individual doing a head to toe triage of a 16 blind individual, we talked about watch 17 facial cues. Well, that was already part of 18 the deaf ask hard of hearings community, I mean, they do that all the time, the 19 2.0 nonverbal communications really is important. And so just watching the facial cues, 21 22 when you touch someone in a place that is 23 sore, you are going to know it. So we talk 2.4 about how you would do that because someone 25 may just be in total shock and what is their

1	appearance and what is their communicative
2	method if they are shivering, none
3	communicative, all of those things. So we
4	try and talk about all of the different
5	varying methodologies. The other thing in
6	Washington state, we are adapting this in our
7	schools. Right now it's a seventh and eighth
8	grade elective in several of our schools.
9	It's also an after school program. I am
10	working with the office of superintendent of
11	public instruction. We are going to try and
12	get this to address no child left behind
13	relate to drop out rates, engaging kids in
14	civic service through CERT. A lot short, you
15	know, you have to get all of those things in,
16	reading, writing, which all of this
17	encompasses, math, you have to do all of
18	those things. Because we would like very
19	student that goes into the junior senior high
20	school to have this type of training because
21	if they are not part of the solution, and
22	have a role in a disaster, they are going to
23	be part of the problem.
24	So, we adapt this so this goes from
25	youth through, we figure 125, addressing the

1	needs especially like in disaster psychology
2	of about 125, 130, we are okay, and then
3	across the board with various learning
4	styles.
5	MS. SIMMONS: Karin is I have two more
6	questions.
7	MS. FRINELL-HANRAHAN: Sorry.
8	MS. SIMMONS: No, that's wonderful.
9	NEW SPEAKER: I just like to know if
10	you have worked with administrators of
11	nursing facilities and assisted living
12	facilities, if you have, do you plan to, and
13	if you have presented this to the
14	administrators, what has been their response.
15	MS. FRINELL-HANRAHAN: Okay. In
16	Washington state, my office, I'm an office of
17	one for the six programs. So, what I do is I
18	design and address statewide issues, like
19	liability and medical malpractice, licensing,
20	credentialing and bigger projects woops,
21	big projects like train the trainers, this
22	type of thing. And then at the local level,
23	what we do is we are creating a critical
24	infrastructure of dialog because we would
25	like to see not only the facilitators and the

1 staff trained, but we would also like to give 2. tools ask techniques and preparedness to the 3 families of the individuals and then the 4 individuals in the nursing homes themselves up to their ability to be able to address 5 their own needs during a disaster. 6 So, we are slowly starting that in 7 8 Washington state. The Department of Health and Social Services has required all of our 9 nursing homes to have a disaster plan. 10 They 11 have to have an evacuation plan, a notification plan, and their staff have to be 12 13 trained. 14 Now, the question is what is their 15 staffing pattern. And right now that's one 16 of the big questions. How many people do 17 they actually have on at night to be able to 18 execute their disaster plan. So, what we are talking about is training the neighborhood 19 around that nursing home and making sure that 2.0 they also have knowledge and skills and 21 22 training to be able to support that nursing 23 home. 2.4 One of our hospitals is doing a CERT 25 program for all of the homes in like a one

1	mile radius. They are bringing all of those
2	people into the hospital because they know
3	they are going to need volunteers in time of
4	disaster.
5	So, they are going to train their
6	neighborhood, the hospital is doing this so
7	that they have resources.
8	So, it's slowly growing. I mean,
9	really and truly, this was desperately needed
10	in Washington state. One of our communities
11	has 129 languages spoken. And so now our
12	next step is to work on how to get this
13	translated, I don't know that we are going to
14	be able to do all 129, but we are going to be
15	able to hit a major majority of those. And
16	we are trying to develop, I'm trying to
17	develop at the state level so that the locals
18	don't have to do that so that the locals can
19	do the Outreach that you are talking about.
20	And it's been pretty success there was
21	another question.
22	NEW SPEAKER: How is the local fire
23	departments accepting this, as far as a
24	resource.
25	MS. FRINELL-HANRAHAN: On the CERT side

1 the current CERT side fabulously. They are 2. really supportive. We are having a little 3 bit of issue about over time pay. So, we will be working with the unions to dialog the 4 fact that we need to expand, because fire 5 departments are only able to do one or two 6 7 We have waiting lists of over like classes. 125, 130 people right now in some of our 8 communities waiting for this. 9 So, we are going to try ask give them 10 11 it the resources either through fire Corp or 12 one of our other programs to be able to 13 expand their program. This -- it was great 14 because we had tapped the fire department to 15 ask them to help us with the curriculum. And 16 they couldn't do it. So we invite them to 17 the event to see it. And participate in the 18 fire suppression. They are now going back and talking to their neighbors. I did invite 19

team so we have a fire department representative on our speaker bureau and then

we also have fire department trainers who

train CERT who came and helped us adapt this.

fire fighters to be part of our instruction

So, we are trying to infiltrate, but

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1	they are doing great on the CERT side. They
2	just don't have the capacity so now it's
3	capacity building because the demand is so
4	high.
5	MS. SIMMONS: Thank you, Karin. We
6	really appreciate your share your knowledge
7	with us and we are scheduled for a 15-minute
8	break, so
9	
10	(Applause)
11	
12	(Short break taken)
13	
14	MS. SIMMONS: Okay. We are going to
15	get start so we can wrap up. I want to say
16	we have certificates for those who aren't
17	staying for the next conference. Any of you
18	that are staying for the next conference, I
19	believe you no, you get one certificate
20	for the whole thing. But if you just are
21	here for this day and a half session, you can
22	pick up your certificate following the
23	session at the registration desk outside of
24	the die and I'm going to turn it over to
25	June. I think most of you met June yesterday

1	and she is going to be our final speak are
2	effort today and she has a little bit of
3	safety advisement to give to folks, too.
4	MS. JUNE KAILES: I was asked to
5	address tips for people with disabilities in
6	terms of their own preparedness.
7	So, it's not about what can be done for
8	us, but what we can actually do for
9	ourselves.
10	So, that's the main focus is one of the
11	things we are doing at this every moment is
12	looking around the room and making sure that
13	is an environment that we can exit in case
14	there really is a need to get out of here
15	quickly.
16	So, you will notice that right this
17	second, both skids alternative skids were
18	indeed blocked.
19	So, as you enter a room like this,
20	that's pretty overcrowded and you see that
21	there are people with mobility issues, you
22	need to be aware of multiple ways to exit our
23	environment.
24	And so that's what you see going on
25	right now. A little bit of shifting here so

1	that things are easier in case of an
2	emergency.
3	And one of the things I love about the
4	N F T A, the National Fire Protection
5	Association, is that at the beginning of
6	every meeting, they don't say the pledge of
7	the allegiance, they don't say any prayers
8	but what they say is let's review how to exit
9	this facility. I think that's a great
10	practice.
11	So, tips for people with activities
12	limitation ins terms of their own
13	preparedness.
14	I'm going to skip the introduction
15	because you heard that from me yesterday and
16	it's part of the handouts well. So I'm going
17	to focus on how we begin to determine our own
18	abilities in terms of what we can do for
19	ourselves and what we might need help with in
20	case of an emergency, talk with a lit about
21	drills, talk a bit about specific disability
22	related supplies as opposed to all of the
23	things that the Red Cross and others tell to
24	us do in terms of emergency supplies, to
25	really focus on what's in addition, or what

1	may be a little bit different. And then if
2	there's time, of course, to have a discussion
3	with you all.
4	So, again, the goal is that emergency
5	preparedness get woven into who we are, into
6	our culture, which means also the beginning
7	of a meeting, you say in case of an
8	emergency, let's review what to do.
9	So, preparedness is the key issue here.
10	Well.
11	NEW SPEAKER: What is that, June.
12	MS. JUNE KAILES: Sorry Cathy, it's a
13	little boy scout, Girl Scout type, always
14	prepared. But I think it's important to
15	remind ourselves given the scale of the
16	events that we would be experiencing or been
17	a part of or been watching over the last 12
18	months, there are also small events that we
19	all have to be prepared for and they can have
20	greater impact on sometimes people with a
21	variety of disabilities.
22	So, everything I talk about today also
23	pertains to the small events, you know, the
24	sudden power outages when your pharmacist
25	runs out of your medication, the little

1	things, as well as the big things.
2	So, sometimes we forget that
3	particularly when we are bombarded with
4	punches of these major scale events recently.
5	One of the H of the things that we have to
6	keep reminding people so that the magical
7	thinking doesn't occur is when there are
8	major events that are emergency systems are
9	over taxed. And the belief that people will
10	get to you quickly can do you a disservice in
11	terms of preparedness. And that
12	self-sufficient see is absolutely key.
13	Sometimes you have up to a week or longer,
14	particularly, you know, where I live, which
15	is earthquake country. So we never have
16	given a lot of credence to the 72 hour rule,
17	because I think as Katrina probably hit home
18	to many people, it can be a whole lot longer
19	than 72 hours that we need to be
20	self-sufficient.
21	One of the things I would like to
22	stress, it's probably you all know this
23	better than I do, but I don't know if it is
24	disaster fatigue or disaster denial that you
25	all call it in the field, but there's this

1	six month, 12 month fade away dynamic, where
2	people stop thinking about it, stop it
3	goes back on the back shelf. And I found
4	this headline in the paper just last week.
5	11 years after Northridge, that's the
6	Northridge earthquake, resolve fades over
7	quake safety. I mean, I think we can repeat
8	these Headlines in every community, but
9	what's most graphic for me in that in watches
10	California now for over 30 years is that
11	after major event we have all of these little
12	disaster stores that open in the shopping
13	malls and they do very well but they are
14	designed to close within six months. Because
15	they know that the business will Peter out
16	within six months.
17	So, keeping this business alive for
18	people I think is our continuing challenge.
19	We I of course take an all event
20	approach, all hazard approach. I like this
21	quote, plan are only signs of good intentions
22	unless they degenerate into hard work.
23	So we have to keep our ducks in a row.
24	And the threat of all kinds of emergencies
25	are always with us.

So, plans, plans are key for everyone, and Karin talked about social location, and I 2. 3 thought it men this, Karin, I thought it 4 meant where do you spend your time. People spend their time all over the place, at home, 5 in their neighbor, at work, at school at 6 volunteer sites. So the plans have to 7 8 include all places where people spend time. And people with disabilities need to 9 ask about what are the plans, they need to be 10 involved in creating the plans, reviewing the 11 12 plans, practicing the plan and updating them. 13 Because there are a whole lot of people who 14 assume that they have been integrated in the 15 plans, but the reality is, you know what 16 assume means, yeah, well, exactly. You know, 17 you can hope you are including, but hope is

> And we have also found that a lot of areas have adopted boilerplate plans. They have taken the recipe from elsewhere and just said here is our plan. Instead of really thinking what it takes. So, I loved Karin's example about the assisted living facility or

not good enough. And assuming is not good

enough.

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1 the nursing home where they actually mobilize the neighborhood, that the plan is much more 2. 3 than just the facility itself. And I think 4 that's a very good exam of creating a support team or multiple support systems in terms of 5 plans. And I will talk about that in a 6 7 minute. 8 So, I think it's up to us as people with disabilities, where we spend time to 9 10 really ask to see the plans, be a part of the 11 process. And to not be excused from the 12 drills, because unless we are a part of that 13 process, we haven't really completed the 14 process well. So, family plans, individual plans and 15 16 mitigation plans are key for everyone and 17 particularly for folks with disabilities. 18 So planning questions, kind that we 19 immediate to be asking people if you are 2.0 isolated for several days at home, at school, at work, what specific medications, dietary 21 22 or emergency supplies do you need. And what 23 if you have no power or water and what 2.4 evacuation assistance might you need and 25 where will you get it. Who will you rely on

1	and what are your multiple back up systems.
2	Well, talk about a lot in terms of
3	people who spend their time in multi story
4	buildings, where an elevator may or may not
5	be available during the case of an
6	evacuation, how will you be able to get out
7	of the building, to really evaluate that very
8	carefully and then to make sure that those
9	resources are available to you in terms of
10	evacuation.
11	And we talk about this yesterday, you
12	know, hope is not good enough and magical
13	thinking isn't good enough in terms of
14	exiting buildings.
15	So, we really need to go through this
16	quite carefully. And that was the lawn chair
17	slide, Cathy, with the balloons, the guy
18	exiting.
19	Again, for multi story buildings, what
20	is the plan. You know, if you are unable to
21	do steps and there are probably some people
22	in this every room who you would never know
23	because it's not apparent who would be unable
24	to walk down two or three or four flights of
25	steps.

1	So, what is the plan. Is there
2	equipment available. And is the equipment
3	usable. There's some people with particular
4	kinds of limitations who can use one kind of
5	evacuation chair versus another kind.
6	Depending on their transfer abilities
7	capabilities and also depending on the
8	physical configuration of the staircases. So
9	that all has to be looked at.
10	Again, we have to insert ourselves as
11	people in terms of the decision-making
12	process, in terms what have equipment and
13	what procedures will work for us. Again,
14	it's not planning about us, but it's making
15	sure that the plans are made with us, so they
16	are realistic.
17	And it also means planning for the kind
18	of the itinerant, people who come and go, the
19	guests, the visitors who may indeed also,
20	will indeed have limitations in terms of
21	their ability to respond in an emergency.
22	Plans. Plans need to be usable. They
23	need to be in formats that are understandable
24	by people, so that not only relates to
25	alternate formats on brail, large print or

1	electronics, but it also means the level of
2	language. You know, what can be simple, what
3	can be plain, what can be understandable for
4	those people who are not don't speak
5	English or English is a second or third
6	language. And also reading skill level, not
7	assuming that everyone are college graduates.
8	Planning for all scenarios, shelter,
9	what about supplies what, with we have to
10	remain in the immediate area.
11	What are the exits and how many of
12	those exits are usable and how do you use
13	them all. Have you practiced using them all.
14	If are you there late at night
15	working because of whatever reason, how will
16	you get out of there if nobody is around.
17	Have you thought about this.
18	One person told me, they said yep, I
19	have thought about it and actually I
20	practiced bumming down the steps on my butt
21	to see if I could do it and to see how long
22	it would take and to see what kind of padding
23	I would need to slip on my butt so I would be
24	able to survive those concrete steps.
25	But, he, given his abilities could do

1	that, other people could not do that.
2	The message here that I always cringe
3	when I hear is this buddy system thing that I
4	think we need to wipe the concept from our
5	automatic language that we need to rethink
6	it.
7	Training one person has major
8	weaknesses, which I think you probably all
9	know what they are. You know, often a person
10	may not be there, they may be sick, you might
11	be in different locations, on and on and on.
12	So, what we like to promote is
13	establishing support teams. Support teams.
14	And that means oh, come on.
15	E that if everyone is trained, everyone
16	can help. And everyone knows what to do.
17	Kind of I think Karin you allude today that
18	in a couple things you said.
19	I think this is key. I think we have
20	to trash the buddy concept. We really do.
21	We have to make sure that, for example,
22	people in our neighborhood know what our
23	needs are.
24	So, like you said yesterday, the story
25	of the woman in New Orleans didn't have to

1	happen. She did not have to drown. But, she
2	needed multiple support teams available to
3	her, put in place ahead of time.
4	And they need to be available in areas
5	where we all spend a majority of our time.
6	Job, home, school, volunteer sites.
7	And we need to remind ourselves somehow
8	to keep making sure that we have trained
9	people, we have talked to people about this,
10	so quarterly remind he understand in the
11	calendar never works or however you remember
12	things.
13	And practicing is very important, too.
14	And also, being deliberate about who you
15	choose in terms of your support team so that
16	they are strong enough or that they won't
17	panic or that they can clearly community,
18	they are a good guide, whatever kind of
19	qualities that you need to look for in terms
20	of a support team.
21	The other thing that I think is very
22	key is that there are no guaranties. In all
23	our communities, many of our communities, you
24	know, the local jurisdictions say, well, why
25	don't you register so we make sure your

1	you have priority in terms of your power
2	going back on or the fire department knows
3	where you live and those what your
4	limitations R.
5	Well, that's all said and good, but I
6	guess I question the reality of how helpful
7	it is those register industries are and they
8	do more of a disservice sometimes than a
9	service in offering a sense of false
10	security.
11	So, I would like to turn it into a
12	research project some day. But in the
13	meantime, I think the message is that we all
14	have to learn how to instantly create our own
15	support team.
16	And that means well, this slide is
17	out of place. Well, that means that we have
18	to master the skill of giving quick
19	information on how to best assist us. For
20	example, I was in a hotel recently and the
21	fire alarm went off. And I'm so used to that
22	happening that I don't always believe it. So
23	I called down and the clerk at the front desk
24	do nothing, she didn't even know she was a
25	fire alarm going on.

1	So it happened to be at 10:00 a.m. in
2	the morning, which is very unusual, I go in
3	the hall I see this one woman she looked at
4	me and said what should we do. I said we
5	should leave. We should get out of here.
6	So, and I said by the way, we are on
7	the fourth floor, I said, do you mind if I
8	take your arm because I can go a little
9	faster if I grab your arm. So I had to
10	create, I had to recruit this woman instantly
11	to be my support team to get the heck out of
12	there. Of course we got the heck out of
13	there and nobody knew anything and no one
14	even new the alarm had begun off, et cetera,
15	et cetera. But the message is, know what to
16	say. Know how to direct people quickly.
17	Take a communication device, I'm hard of
18	hearing, take my manual wheelchair, take my
19	oxygen, or to a firefighter, don't carry me
20	over your shoulder, I have a respiratory
21	issue and I can't breathe when I'm in that
22	position, so I need to be carried this way.
23	So, that's what I said to that poor
24	lady, I said owe just need to hang on to you,
25	I have poor balance, but I can walk these

1	steps and she look at me like okay, okay,
2	okay.
3	So, just be aware of the register
4	industries and be a little sceptical about
5	what they can and can't do. We can have that
6	discussion later, I think it would be fun,
7	but
8	Drills are important, practice. A lot
9	of people with disabilities get excused from
10	drills. Don't let that happen to you. Don't
11	let that happen to people you are working
12	with. Unless you know this stuff and you
13	have the confidence to know you can get out,
14	then you haven't done the job.
15	So, nobody should be excused from a
16	drill because part of creating support teams
17	is knowing thousand help people and knowing
18	that a lot of people can help people and be
19	the backup.
20	And, knowing how to use the evacuation
21	devices, they are not all intuitive, they
22	take practice, and the more people that know
23	where they are, how to use them, the better
24	off everyone is.
25	The other message here, again, is that
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1 not everybody can evacuation, and, you know, at the world trade center we heard a lot of 2. 3 stories of people telling us how many people they were passing up in the stairwell who 4 could not keep up. But who had never thought 5 to identify themselves as somebody who would 6 need assistance during an evacuation. 7 8 And I think that's partly because of the way we ask the questions, which is what 9 we talked about yesterday. If we ask the 10 11 question by saying do you have a disable, 12 will you need assistance, you won't get a whole lot of people identifying. But if you 13 14 say things like, you know, do you have any 15 limitation that might interfere with your 16 walking or using steps. Do you have any 17 conditions that interfere with your energy, 18 with your endurance, with your stamina or, you know, do you have significant allergies 19 in terms of smoke, whatever. These will give 2.0 you clues that things that allow people to 21 more comfortably be identify as needing 22 23 assistance.

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And in this book that was in your

handout yesterday, this evacuation emergency

1	evacuation guide, there is some suggested
2	questions that you can ask that are not as
3	stereotyped, are not as full of hot butt ons
4	that people might indeed be more comfortable
5	answering.
6	So practicing increases confidence,
7	skills.
8	And, again, people should be encouraged
9	to several identify when they think they
10	might need specific assistance, not special,
11	specific assistance.
12	So, ability self assessments are key.
13	Are really key. By the way, just reverting
14	to a 9/11 story, in terms of what the
15	importance of practice, there was a story
16	of there were two secretaries, there
17	was a wheelchair user in the tower, one of
18	the towers, and she told the press that she
19	knew she had to evacuate and she started to
20	panic, she didn't remember the fact that
21	there was an evacuation chair under her desk.
22	Her colleagues reminded her that the chair
23	was there. And she, you know, what's that
24	about, that's a lack of drills, lack of
25	practice, lack of discussion.

So, and, of course, in the 9/11, we heard about people with disabilities who were able to escape because they had practiced, there were evacuation chairs, there were people who new where they were and there were other people with disabilities who hadn't done the same and didn't make it out. So we heard both kinds of stories.

Self assessment, learn what you can do and what you can't do. What you might need assistance with, and, you know, real briefly, even basics things like smoke alarms. If you can't change the battery yourself, you can't remember how are you going to have it done and how are you going remember that twice a year thing about having it done and I don't know how we are supposed to remember the ones every 10 years we are supposed as to replace the sucker, but I will never remember that.

But, emergency lighting, I think is real key for some of us in terms of thinking about paths of travel to evacuate to get out if we need to and just basic safety, I think at night. Some of these motion lights are great if have you to get up in the middle of

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1	the night to pee, you know, and it's dark.
2	It's just a good safety thing.
3	Karin talked about turning off the
4	water, the gas, you know, do we have the
5	strength to do it, can we physically get to
6	it if not, do we have the tool to do it and
7	can we instruct someone else to do it if need
8	be.
9	Shutting off the gas is a big issue in
10	California.
11	Are we able to operate a fire
12	extinguisher. You never know it until you
13	actually practice using it. Do you have the
14	gripping strength or maybe you need to use
15	one of the fire extinguishers that are adapt
16	a little differently that will accommodate
17	may be less strength, whatever.
18	But unless you practice, you don't know
19	if you can do it.
20	And we talked about this, I'm not going
21	to do this again. I will spare you.
22	That was the fire extinguisher slide.
23	I think we need it August met the
24	preparedness materials with specific
25	materials so that some of these things are

1	covered more specifically like what do you do
2	when you can't duck and cover and how do you
3	begin to instruct other people if you can't
4	do it yourself.
5	In terms of mitigating measures for
6	those of you who don't live in earthquake
7	country, one of the things we have to do is
8	fast end things to the walls so they don't
9	block our way out of the building or path of
10	travel or they don't come down on our heads
11	if they are behind our desk.
12	So, that's common practice in
13	California. Earthquake country.
14	Fastening water heaters to the wall,
15	refrigerators, mirrors, potted plants can
16	become flying missiles unless that little
17	hook is all the way closed.
18	I'm going backwards.
19	Emergency health information is real
20	key in terms of some people with some
21	disabilities in terms of describing, you
22	know, if you are found and you are not able
23	to community, this is a book that's available
24	on line that helps people go through the kind
25	of things they should put in an emergency

1	information sheet that should be in their
2	disaster kits and their wallet that really
3	specifically say things like I don't speak, I
4	use a communication device, but there's a
5	letter sheet in my wallet and I can point to
6	things, I can point to the alphabet and all
7	kinds of specific things that people need to
8	customize in terms of their own emergency
9	health information & this book is available
10	and I will give you the website.
11	Any ways, again, in terms of
12	assessments getting out of buildings, you
13	know, post 9/11 environment, most people do
14	not want to stay in areas of rescue
15	assistance or areas of safe refuge because
16	people with disabilities kind of you've miss
17	tickly refer to some of these areas as kind
18	of like ovens, if you really want to say they
19	say trip ovens.
20	NEW SPEAKER: Can you explain that
21	slide.
22	MS. JUNE KAILES: It's an oven. On one
23	slide there's an area of rescue assistance in
24	a swear well where wheelchair users and
25	people who cannot walk steps wait to be

1	rescued. And on the other side there's just
2	an oven, what we call a crypt oven.
3	NEW SPEAKER: And it's a crypt oven
4	because we can go there and.
5	MS. JUNE KAILES: Never be rescued.
6	There are some horrific stories of the twin
7	towers and in one book firefighters coming
8	down as they are evacuating, they were told
9	to evacuate because they thought the tower
10	was going to go down and they came down to I
11	think it was something like the 27th floor,
12	and they noticed all of these people behind a
13	glass conference window and they were like
14	what are these people doing in here. And you
15	know, the firefighter went in there and his
16	colleagues kept trying to get his attention,
17	but he wasn't listening and the guy said all
18	of you out of here now what is going on. Get
19	out of here. And only when people started to
20	get up and leave did he realize these were
21	all people with disabilities who had been
22	told to wait there, to wait for help. And
23	the book, where I read this, it is not very
24	clear about what happened, but it doesn't
25	sound good, so.

	1	So, there's a lot post 9/11
	2	environment, there's a lot of reasons to get
	3	out of buildings, to not wait, because
	4	well, you know why.
	5	Here's the website for the book, this
	6	guid and the emergency health information
	7	guide and the website is www.cdihp.org .
	8	cdihp.org and you can click on what you want.
	9	Go kits, supply kits, they should be
1	0	customized for people. By the way, these are
1	1	some of the slides are only pictures are
1	2	slides I use with people who have some
1	3	learning and understanding limitations, so
1	4	that it's all pictures, no words, just
1	5	pictures.
1	6	And we talk about what needs to go in
1	7	the supply kit.
1	8	And we talk about the different items
1	9	and here is kind of a simple picture with
2	0	people with learning issues, understanding
2	1	issues a yes and a no. The yes being we have
2	2	it and the no being we need it. Happy face,
2	3	sad face, very easy, easy stuff to use.
2	4	Batteries, batteries are a huge issue
2	5	for people who rely on all kinds of

1	equipment, Cheryl and Lise went over that
2	yesterday. But, we are talking about people
3	who use motor riced chairs, we are talking
4	about people who use respirators, who use
5	suction equipment, all kinds of things that
6	relay on power. So people need to think
7	about, well, they can use.
8	What they can use for back up and it's
9	very individualized I'm not going to begin to
10	sit up here and go through all the details,
11	because it's about talking to your vendors
12	and it's about customizing it for your own
13	needs.
14	Medication. Medication is a major
15	issue I think for a lot of people. Not just
16	people with disabilities. That's a
17	stereotype. But I think one of the things we
18	have to instruct people to do is to begin to
19	evaluate what indeed is an essential
20	medication. You know, and if you don't know
21	to review it with your doctor, look I went to
22	the doctor the other day and I said you know
23	I have been do this Katrina stuff and I just
24	want to make sure that I'm thinking about

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this right. You know, you told me to take

1	this med, I don't think that's an essential
2	medication, do you. And she said no, you are
3	absolutely right, you could live with that
4	for months if you really had to.
5	So, but if it was a high blood pressure
6	med or if it was a diabetes relate med, not
7	so.
8	So, medication is a major issue,
9	particularly in what you carry on you because
10	you may not have anything but your little
11	emergency supplying of what you have to carry
12	on you. And if you have essential meds, then
13	they should be with you, because no matter
14	how good our planning is, those little go
15	kits may or may not be with us. We need to
16	think through the essential medications very
17	carefully and for people on Medicaid or
18	MediCal with limited prescription dosages, we
19	have to begin to teach people how to rotate
20	the meds so they don't get old, but yet you
21	always have them on you and you take them
22	before they expire.
23	We can go into that in great detail but
24	we don't have time. So medications is a key
25	issue.

1	This is just a slide that remind me to
2	tell you how important it is to work with
3	people individually into creating their own
4	system for how they can rotate their own
5	medications and think about their own supply
6	kits.
7	One of the things oh, that I've
8	thought about a lot is okay, pets. Cheryl
9	talked about that in terms of service animals
10	yesterday. I think everything she said is
11	right on, so I'm not going to review it here.
12	Other than to say I think that the whole
13	petting, for pets that are service animals
14	will probably get some increased attention
15	now that people are finally recognizing that
16	these are your fury children, and that they
17	are not going to people won't always
18	separate from them.
19	And what they mean is some people
20	emotionally, you know.
21	Another big issue I think for older
22	people, people like me, is if I don't have a
23	scooter and I'm forced to carry stuff, I
24	can't carry these go packs, I could never
25	carry that. But see that vest I've got on.

1	These little vests here, this is what I could
2	carry. So whatever I can fit in those 12
3	pockets or less is what I'm going to be able
4	to carry for me out of wherever I go.
5	So, I I'm thinking of equipping this
6	kind of vest with miniature items, like micro
7	flashlights, or you know when they say carry
8	your essential documents, emergency
9	documents, just put them on a little flash
10	drive, you know, I'm a techi, so just
11	thinking about making it smaller and
12	something that I can carry and navigate the
13	environment with. I think we have to be a
14	little more realistic about what we tell
15	people about their go packs.
16	NEW SPEAKER: Whose that man.
17	MS. JUNE KAILES: He's my husband.
18	He's bob.
19	NEW SPEAKER: Hi bob.
20	MS. JUNE KAILES: Okay. And then, of
21	course, in training, it's important to
22	partial lies all of this and tell people they
23	don't need to get overwhelmed by the
24	preparedness activities that they can did a
25	little bit at a time. But the important part
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1	is to just start to do something, to do
2	something every day or every month.
3	And then the real challenge is how this
4	gets learned and reinforced and practiced.
5	And that's the real challenge for us
6	how do we keep reinforcing this in our own
7	lives and with the people that we work with.
8	It's the graphic is just a classroom
9	with people behind a computer, but the
10	message is how do people learn best and how
11	to remember this.
12	Here's another resource for some of
13	these materials, it's at my website which is
14	J I K dot-com and then you can just click on
15	disasters and get there.
16	So, the message is that the things do
17	need to be customized and thought through in
18	terms of the individual. And in terms of
19	slice, there are things that we need to think
20	through terms of individuals. For example,
21	one of the things that I need in my disaster
22	kit are heavy duty gloves because I'm a wall
23	walker, I walk with my hands and after the
24	major event that I always prepare for, an
25	earthquake, there's all kinds of junk around

1	and glass and stuff and when I'm walking with
2	my hands, they better be protected. Or if
3	I'm a wheelchair user, picking up glass in my
4	wheels, I better have some very sturdy
5	gloves. My flashlight, since I need my hands
6	to walk, I better make sure that any
7	flashlight sits on my head so I don't need to
8	be holding it. Just common sense kind of
9	things that we don't always really think
10	about in California we think about if we are
11	a person who relies on a personal assistant
12	to get out of bed, the kits that we need
13	around our beds are going to be a lot
14	different than somebody who can jump out of
15	bed to sustain us for quite a while.
16	Including a noise maker. You know how they
17	always say carry a whistle. Well, a whistle
18	for some people can use up a whole lot of
19	energy quickly. So we have to think of a
20	different kind of noise maker.
21	When I was in Japan once with their
22	very first civil rights demonstration I ever
23	did, they had these little circle with bells
24	on it. And I just took one, kept it, I
25	thought what a great disaster piece. You

1	know, I just need to shake it to let people
2	know where I am. You have got some in your
3	purse, you should demonstrate that. But
4	best, something that doesn't take energy, the
5	other thing I learned from a search and
6	rescue person is at least, you know, don't
7	start doing that right away, you know, if you
8	are trapped, save your energy until the dust
9	kind of settles before you start to make the
10	noise because you are going to have to
11	sustain it potentially for quite a while.

People with low vision, their disaster supplies could use fluorescent tape, large print or if you are blind, brail to know what you have got in there and also to know when it expires. For example, you know, I am no cook, everything I have has to be eat able immediately in my disaster kits. So when I put in those energy bars, they are not date when they expire. So I figure a good rule of thumb is six months. So I mark them, you know, like 3/06 or whatever. For people with multiple chemical sensitivities and significant allergies, you know, the in 95 rate part filter mass mask in their kits are

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1	really, really important.
2	So, just to give you some ideas and in
3	this book that you can just download, there
4	are all kinds of kind of yes, no in terms of
5	your own several assessment and your own
6	supplies. And if it's.
7	It's divided up in terms of what your
8	limitation might be, whether it's site or
9	hearing or speech or deaf blind, or your
10	assisted device user or you have memory,
11	judge., learning or information and
12	understanding kinds of processing issues.
13	Just a whole lot of yes, no kinds of
14	inventory questions for to you think about
15	thousand custom mice your own preparedness.
16	So, I think I know we have got limit
17	time but can we take a few questions.
18	MS. SIMMONS: Yes, you are okay, you
19	can actually talk ah few more minutes, unless
20	you want to go to questions now.
21	MS. JUNE KAILES: I think I would
22	rather take questions and know what may be
23	got sparked on your part.
24	MS. SIMMONS: Okay.
25	NEW SPEAKER: It looks like you did a

1	fantastic job, June.
2	MS. JUNE KAILES: I just want to close
3	by reminding you of some of the stories of
4	people, you know, we read stories after
5	stories in you're community about people who
6	survived some of these catastrophic events
7	and the ones who survived are the ones who
8	really did prepare and did practice and had
9	the equipment they needed and had the support
10	teams in place that they needed.
11	And, you know, the stories are pretty
12	graphic, so, but.
13	NEW SPEAKER: Can I ask you a question,
14	June.
15	MS. JUNE KAILES: Yeah, cath re.
16	NEW SPEAKER: Do you I'm sorry. I
17	have such a big mouth, I will just shout off.
18	Do you think that Katrina has brought the
19	issue of disaster, disasters on the radar
20	screen any more on the radar screen for
21	people with disabilities and, my second part
22	of the question is do you think that Katrina
23	has brought gotten perhaps first
24	responders and other folks involved with
25	emergency preparedness and disasters to think

1	a bit more about folks with disabilities and
2	the third part of my question, I'm going to
3	have to owe you a lunch for this is do you
4	see much hope in terms of like the federal
5	involvement in terms of, I don't know,
6	congress or FEMA or the department of home
7	land security in terms of thinking about
8	folks with disabilities.
9	MS. JUNE KAILES: Gee Cathy, all in two
10	minutes, huh.
11	Katrina and people with disabilities,
12	you know, I watched those images and thought
13	to myself finally, you know, it couldn't be
14	any more graphic than this. If people don't
15	get it now, they never will.
16	So, I went out and I start talking to
17	people and I said did you see those pictures,
18	did you see those people with disabilities in
19	those pictures. And unless it was a
20	colleague who worked in the field of
21	disability, they would say what are you
22	talking about. They said I saw poverty, I
23	did not see disability. I saw poverty. I
24	said, what do you mean, it was everywhere.
25	Those people, you could see people with

1	disabilities everywhere. And so that struck
2	me. I think we all look at life through
3	different filters. And I would like to think
4	that this left a lasting impression on many
5	not only in terms of poverty issues, but
6	disability issues. But, I fear not based on
7	those responses I got. I think some people
8	will get it, some first responders, but it's
9	like any other event, you know, how long will
10	the shelf life actually be? And what will
11	the learning points be? And when will the
12	funding begin to dissipate, if it even
13	starts, you know, like I have questions about
14	some of the promises of the inter pride
15	zones, even I haven't heard a lot about those
16	lately in the government states and home land
17	security, it is my feeling that in terms of
18	real attention to disable and aging
19	population issues, that unless there is
20	somebody there who knows this information in
21	depth, knows the communities, knows the
22	networks, the federal state and local
23	networks, and has the ear of the highest
24	officials, I think I said this yesterday at
25	the state or federal level, and has the

1	authority, responsibility and resources to
2	mobilize things and, have an impact, I don't
3	know what the last thing affect of this will
4	really be.
5	And you probably all have your own
6	opinions on this, but this is mine, I worry,
7	I worry about this. I think there's, you
8	know, home land secure as an interagency
9	council on disable with a lot of
10	representatives from different agencies. In
11	being a part of some of those meetings post
12	Katrina my fear is that they are not the
13	right people at the table, they are not high
14	enough, they don't have enough authority
15	resources and responsibility to really make
16	the difference that we need. So when we talk
17	about saving lives, we are talking about
18	everyone.
19	It's my hope that FEMA gets
20	reconstructed and reelevated and returns to
21	maybe what it used to be. And it's mission
22	and, you know, focuses on the kind of
23	disasters that occur frequently and not just
24	the ones that occur Morin frequently, you
25	know what I mean.

1	So, I don't know, what do you all
2	think.
3	NEW SPEAKER: I have someone with a
4	question back here.
5	MS. JUNE KAILES: Yes.
6	NEW SPEAKER: Luther Anderson I went
7	down to Louisiana and Mississippi with the
8	Red Cross and also represented the search
9	team down there. I came in contact with some
10	disabled people down there while I was down
11	there the three weeks that I was down there
12	and I think in lieu of prior to Hurricane
13	Katrina, that we weren't really aware of the
14	disability, the people who had disabilities
15	and especially those in nursing homes until
16	what has happened down in New Orleans and
17	Mississippi and those areas, I think more
18	people are more aware now and they are going
19	to tick a closer look to the disability
20	disabled people and those that are other
21	issues. I think the government is going to
22	be looking at this a great deal after what
23	has happened and that we have seen on TV. I
24	can say this that to go down and be there and
25	see this visually and not just see it on TV

1	and newspaper, it makes a big difference on
2	everybody that guess down and sees this
3	because it made a big difference on me the
4	three weeks that I was down there.
5	Thank you.
6	MS. JUNE KAILES: Thank you.
7	MS. JUNE KAILES: Yeah. I just want to
8	make a comment because I'm not a rocket
9	scientist, but I'm not a rocket scientist,
10	but wouldn't we be better off in the
11	community of first responders or EMTs or
12	whatever to treat every situation as a
13	that the people involved are disabled, not
14	I mean, not just physically disable because
15	as Karin said, depending on the disaster,
16	whoever you are dealing with maybe disabled
17	in some way. Whether it be mentally through
18	the trauma or physically through injury,
19	whatever the case. So if everybody was going
20	to the situation with the mind set that we
21	are dealing with disabled people in the first
22	place, no matter who they may be, then we
23	wouldn't have all of this issue that the
24	people up higher that you talk about having
25	the power, you know, again, we hope their

smart enough to realize that if they went in with that mind set, that everybody would be taken care of properly.

MS. JUNE KAILES: Yeah. I think that, you know, Karin's message is when training is designed differently with more of a universal design approach, everybody benefits. not special, it's not different, it's just more inclusive of everybody. And I think that that's one of the messages, but, the other part, the other piece of the paradigm or whatever it is, is that when you are actually doing the responding, and you are at the shelters and you are doing that recovery mode, there's a lot of disability specific issues that come up. That if you don't have the pack ground and depth of experience in terms of knowing the service network and knowing where to go for what, and who to mobilize, that you may be spinning wheels and kind of wasting some time that somebody would more expertise and experience with those communities and those services could -- they could activate what's needed faster because they know where to go and what to do.

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1	think, again, we talked yesterday a lot about
2	the importance of the partnership, about
3	using the people who know the stuff and
4	welcoming them in as partners in some of
5	these family assistance centers, disaster
6	assistance centers, all of things that get
7	set up during recovery mode. For people with
8	disabilities the number of people that we
9	found given the golf state event that were
10	unnecessarily forced into nursing homes
11	because they didn't get the kind of needed
12	assistance early enough to prevent some
13	deterioration that didn't need to happen
14	hedge wise.
15	So some of it are timing issues and
16	expertise issues, I think. I think that's
17	it. I think that's it.
18	That's it.
19	MS. SIMMONS: I'm switching mic because
20	we have something strapped to it. Are there
21	any more questions for June. I would like to
22	thank June for her discussion both days.
23	Thank you very much
24	
25	(Applause)

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MS. SIMMONS: Okay, I'm going to try and do this, see who how this works. We have about 15 minutes left. During this time I want to thank both June, Karin, Edwina, Jon Barton who is not here right now, Lise and Cheryl for being our structures forever the two days and Rebecca for facilitating.

I want to give you a few minutes if you have any questions to meet with them I think that's okay with all of afterwards. our structures until 12:00, so we will be around and I want to say that this was set up originally as I said at the every beginning to be the beginning of a dialog between a lot of different partners. We have had some real candid discussion, I know not everybody has agreed with all of the discussion, but I hope that we have provided some new insight that we have spurred some questions and some thoughts and most of all that we have provoked some resolve to go ahead and to plan for all abilities.

And it sounds like we have. I hope

this has been a start. This certainly we are

1	not leaving here with solutions, but it's
2	just a beginning of working towards the
3	solutions. I believe that earlier today we
4	put evaluation forms in all of the tables.
5	Did you find them. On those forms as we go
6	ahead and as we work on the needs and the
7	gaps and on planning for all abilities and on
8	providing solutions or coming up with ideas,
9	please be candid filling these out. Please
10	give us ideas, tell us what you like, what
11	you did not like. We want to hear the good
12	and the bad or the bad and the good, it
13	doesn't matter in what order. And tell us
14	what you need in the future, what you would
15	like to see and we will take all of that into
16	account.
17	The guide that June was speaking of, I
18	believe I download it had onto the CD that
19	you already have. But we will review
20	everything else that we have had during the
21	session, we will place it online the at
22	www.vaemergency.com.
23	We will also e-mail the transcript and
24	post it, we will e-mail it to the list of
25	people who were registered for the

1 conference, so you will be receiving that. 2. And if you don't hear from me, if for 3 some reason your e-mail is wrong or you don't 4 van e-mail, please give us a call at 804, That's (804)897-6518 or same area 5 897-6518. code, (804)897-6500 ask for the CERT office 6 7 or the public affairs office and we will get 8 items to you or answer questions. 9 So if you don't hear from us, please remind us it will probably take a few weeks, 10 look forward to it in December sometime. 11 12 Holidays are coming up and I know some of us 13 are going away for a while. I for one am 14 going down to Jackson Mississippi for a week 15 and seeing my husband who is working down 16 there with FEMA right now getting to visit 17 the Gulf. So, I may have some stories to 18 bring back from there. 19 But, I want to say on behalf of Anna 2.0 and Sheila and Laverne and all of the people in public affairs and in the citizen Corp, 21 22 volunteer coordination office that we really 23 appreciate you being here, we really 2.4 appreciate our instructors coming, the 25 distances that they came, and bringing their

1	knowledge to this meeting room. And thank
2	you, James, for letting us know about the
3	doors, I just wish you had done it yesterday.
4	So, have a safe trip home. If you are
5	staying for the rest of conference, don't
6	forget to pick up your certificate, and feel
7	free to ask any of us questions.
8	If you are staying for the conference,
9	I will see you there.
10	Thank you.
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